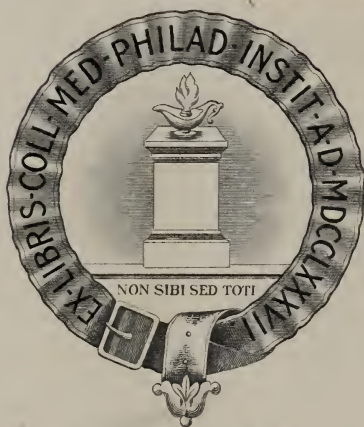


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THE EDITOR

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# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

The Los Angeles Journal of  
Eclectic Medicine

AND

The California Medical Journal  
1918

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O. C. WELBOURN, A. M., M. D. Editor, Publisher

Issued Monthly  
Price, \$1.00 per Year  
Foreign, \$1.50  
Single Numbers, 15c

Editorial Office  
819 Security Building  
Cor. Fifth and Spring  
Los Angeles, Cal.

EXHIBIT TO REPORT  
TO  
APPLICANTS

# The California Eclectic Medical Journal

Vol. XXXIX

JANUARY, 1918

No. 1

## Original Contributions

### DIABETES INSIPIDUS

Report of a Case by H. V. Brown, M.D.

Read before the Southern California Eclectic Association.

Mrs. B., age 36, wife of a busy Christian minister in an Eastern city, mother of four children, while on a visit to relatives in this vicinity, awoke one night with distressing asphyxia, cardiac palpitation, and precordial pain. An examination of the case one hour after the onset revealed only cardiac arrhythmia and a functional aortic murmur. At this time the symptoms had somewhat abated but still very distressing. The pain complained of was mostly superficial and of a neuralgic nature. Upon being informed that her condition was not immediately dangerous, the symptoms improved more rapidly, thus supporting the belief that the element of fear had aggravated the conditions such as is frequently found in cases of angina pectoris. Inquiry elicited the history that this lady was one rarely endowed with the attributes of motherhood, as sustained by the fine flock presented for our inspection the following day, and further verified by her rebellion at being ordered to rest in bed for a period of two or three weeks during which time her children should also take an enforced vacation. Her appearance was that of a woman whose physical power, never too plenteous, had been worn to a frazzle—anaemic and tired, but with a fixed determination that somehow she must stay on the job. She had grit and determination enough to supply a regiment of American recruits, and had her job been limited to that of mother, she could have gotten away with it by sheer force of will, but the duties incident to the life of a minister's wife robbed her of the rest so essential to a successful mother. A blown fuse indicates an overloaded

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electrical circuit. This little woman had failed to grasp this lesson when in the past she had been warned by a temporary collapse which was bridged over by a four ounce vial of elixir I. Q. & S. Her present state seemed to demand a complete rewiring in addition to a more modern set of plumbing. A prominent feature of the case was the amount of urine voided, estimated at four quarts, with a specific gravity of 1005. In the absence of albumen and casts I made a diagnosis of diabetes insipidus as a complement of general nerve exhaustion. The large quantity of urine had been observed by the patient over quite a long period.

For about one week, treatment consisted of rest in bed, light massage, and light, nutritious diet. Medication included Cac-tus, Specific Fragrant Sumach and Iron with Arsenic in the form of liquid Blaud compound. At the end of one week she was making a brave effort to be cheerful and was gaining some strength, the condition of the urine persisting. The good reports from recent experiments with Pituitrin in diabetes insipidus led me to administer a dose of 1cc subcutaneously. The patient noticed an early improvement in all her symptoms, and the amount of urine voided was reduced one-third in twenty-four hours. A second dose of 1cc was given three days later and shortly thereafter the quantity of urine as well as the specific gravity reached the normal and remained so for a period of four weeks, during which time she gradually gained in every way and was able to travel to her home in company with her family; not a well woman, by any means, but in a more hopeful condition than when she arrived here. Her hope of getting well depends greatly upon how much of the burden can be taken from her shoulders at home.

From the reports of research on the subject it appears more than probable that any disturbance of the Pituitary gland has an untoward effect on the secretory and excretory organs of the human body. It therefore appears that in the absence of proper functioning of this gland that the deficiency can be supplied by administering an extract of the gland substance. In like manner much rational progress is being made with all the internal secretions. The workers in this line have stolen Hahneman's theory and gone him one better. The case here described does not prove anything standing alone but it may be of value when added to the experience of others present. It is presented for what it may be worth in directing our attention to this symptom complex, looking toward a remedy.

## SURGERY OF THE KIDNEY

Dr. O. C. Welbourn, Los Angeles

Read before the California State Eclectic Medical Society.

The subject which has been allotted to me by the chairman of the Surgical section is a very large one and might readily occupy the entire time of this meeting. But I am sure such was not his intention and I have no thought of attempting to cover the subject as a whole or even one particular operation. Rather do I intend to suggest that operations upon the kidney are not the bugbear that we once thought they were. A couple of decades ago it was taught and generally believed that any operation upon the kidney was liable to be followed by a total suppression of urine. This much feared complication added to the usual dangers and complications of a major operation, caused the kidney to be avoided except as a last resort. My personal experience leads me to conclude that such an attitude was extreme and not justified by the facts. Not only do I believe that the dangers of the operation have been exaggerated, but I also believe that the end results are as satisfactory as those following work upon any other abdominal organ. A calculus causing suppuration in the kidney may be compared to a calculus causing suppuration of the appendix. In each case the patient has a fatal illness. Both are strictly surgical and usually indicate a removal of the diseased organ together with the offending concretion. Septicemia is equally marked and medicines equally useless prior to the necessary operative interference. Skillful post operative care is required in each case and both patients are left permanently damaged. But should these operations be performed before suppuration has developed the danger is small and the recovery perfect. The same comparison might be extended to chronic appendicitis and floating kidney. Neither is a serious operation, as major operations run, and the end results are very satisfactory. I am aware that the suspension of the kidney has fallen somewhat into disrepute because of the tendency to a recurrence, but I believe this result is owing to a faulty technic. For several years I have used the lower fourth of the capsule as a hammock in which to suspend the kidney to the fascia with the result that it "stays put" unless the patient meets with a severe fall. This operation also suspends the ascending colon—a very important matter. The operation as I now perform it is original.

Tumors, either malignant or benign, are occasionally met, but even so are no more hazardous than when found in other

abdominal organs. Tuberculosis is always a formidable disease wherever found, but when limited to one kidney it is curable by a Nephrectomy, and not infrequently a Nephrostomy will do the work. Before removing one kidney it is necessary to determine that there is a second, because a few patients have but one. May I also suggest that when an operation upon the kidney is indicated it should be done at once, just the same as any other operation. Procrastination increases the hazard—sometimes being the direct cause of a fatal termination.

## INFLAMMATION OF THE EYES—ITS TREATMENT BY PHYSICAL METHODS

A. S. Tuchler, M.D., San Francisco, Cal.

This painful condition of the eyes, in its broad sense, can be easily treated without opiates, by the use of the various heat and light rays, such as the violet ray, the Roentgen ray, the high frequency current and other physical modalities best suited to the cases which may present themselves. It is to be presumed, of course, that the indicated remedy or external application is to be used in conjunction with these physical methods. The results of this method of treatment are so gratifying, that it is hardly possible, when once the physician becomes familiar with these various modes, the wonder would be, how one ever got along without it; for surely, the results will certainly be a revelation when once put into practice. It is hardly necessary to take up your valuable time, to expatiate upon the reasons why this is so, nor to analyze the therapy of the various rays, since this information can be obtained from the text books. The purpose of this paper is to give you results, and to illustrate the application of these methods in the following observations:

A child, ten years of age, suffered intense pain in her eyes. She had been exposed in unexpected stormy weather, which resulted in a severe myalgia of the whole body. This finally subsided under the proper treatment, but her eyes became an obstinate factor. She could not bear any light and every movement of her eyes were painful. The ultra-violet rays from a Minim incandescent lamp was now applied to the closed eyes at a distance of about twelve inches for one-half hour several times a day. After the first exposure to the rays, the child fell into a peaceful slumber. On the first sign of a recurrence of the pain, she would call for the blue light. In a few days, the eyes were again tolerant to the light of day.



In iritis the high-frequency current applied with the vacuum glass electrode will not only relieve the severe pain of the eyes, but will also cause the resultant inflammation of these organs to be dissipated in a very short time.

A gentleman of middle age, who thought that he had a slight cold in his eyes, attempted to save a doctor's bill by resorting to home remedies for about a week. This treatment having failed him and the trouble becoming rather painful, he applied for help. Found both eyes congested, red and very painful and in the left eye the iris was fixed, owing to this inflammatory condition. The double vacuum glass electrode was applied to both eyes and connected with the high-frequency machine. He was given two treatments daily of fifteen minutes each. Atropine solution (one grain to the ounce of distilled water), a few drops of which was dropped into each eye once daily, until the pupils were widely dilated. He also was given glasses so as to protect the eyes from the light of day. Specific medicines aconite and bryonia, ten drops of each in four ounces of water, was given in teaspoonful doses once an hour. This method of treatment enabled him to attend to his business as usual, and after a few weeks he needed no further treatment, the left iris being now free from adhesion. The pain in this disease is of unusual severity in some cases, and it may require the application of ice packs for a few days. This usually obviates the necessity of opiates.

Another case of a worthy colleague, who was in the hospital for a few days suffering from iritis, and who was given the usual orthodox treatment, including opiates, applied for relief by the high-frequency method at the first opportunity. He was treated as in the previous case, and after the first application of the high-frequency current, he said that he needed no further opiates at night for the relief of pain.

In inflammation of the eyelids the high frequency current, applied by means of the vacuum glass electrode, will give surprising results. In trachoma this current applied to the inverted lids by the dessication method will destroy these granulations in a very short time.

From these deductions in the use of the high-frequency current, the following conclusions have been arrived at: First, as a pain reliever, it is par excellence; second, it will shorten the inflammatory stage and promote the absorption of the inflammatory products.

## EPILEPSY FROM A SURGICAL VIEW

I. A. Wheeler, M.D., Healdsburg, Cal.

It is not necessary for me to enter into the question of symptoms in this disease, if it can be termed a disease, for they are only too well known. From a surgical viewpoint it seems to me but a spasmodic effort of nature to bring our two nervous systems, i. e., the sympathetic and cerebro-spinal, into harmony. I have yet to see the first epileptic that there could not be found some pathological trouble that would have a bearing on both nervous systems.

The cause may be found in a deviated septum, or eye strain; adenoids and bad tonsils have played their part. Some stomach trouble may be the source of your difficulty; trouble with the intestinal tract, or bad appendix, trouble with the female organs, a hooded clitoris, a tight foreskin in the male, and the last that I will mention, but not the least by any means, is rectal troubles. Especially ulcers that are situated between the internal and external sphincters, papilla and abnormally large pockets in this region, are among the most prolific causes of epilepsy.

Here we find the internal sphincter controlled by the sympathetic nerves while the external muscle is controlled by the cerebro-spinal, so trouble here virtually short circuits the two nervous systems, so the body for the time being does not know which system has the governing power and both are knocked out temporarily. Like the effect of the crossing of two telephone wires, it would be difficult to tell just who you were talking to.

Now, coming to the treatment of epilepsy. Discover all the physical defects possible and remove them no matter how immaterial they may seem, always remembering that it is the little foxes that spoil the vines. The minor details left unattended to cheat us of our victory.

I will now repeat the result of some cases: A boy of seven had epileptic seizures since his third year, having as high as twelve in twenty-four hours; called at 4:00 p. m., and found the child coming out of the ninth convulsion for that day. His face was pallid, and he looked more dead than alive. After looking him over generally, I examined the penis and found a long foreskin which was loose, not causing any constriction, but looking closer I noticed a slight adhesion to the gland on one side, perhaps one-half an inch in length; he being unconscious I thought it would do not harm to break up the adhesion which was quickly done, and the boy was off into another convulsion in a moment, I stopped it with chloroform and he has not had another convulsion, and eight years have passed since that time.



A boy of six years. Appearance: eyes dilated; excessive growth of hair over forehead and on body; body emaciated, had not cried, shed a tear, talked or laughed for over one year. The trouble was considered incurable and of a central origin in the brain. My assistants tried to discourage me from trying. No general ever took a fort without trying. The boy had had almost every thing done possible. Had been circumcised, and a good job too. First, he was put under complete surgical anesthesia, thorough dilation of the rectum, with absolutely no response. The rectum looked well, only a few small pockets that ordinarily would be considered normal and a few hard, small papilla. Two hours later the nurse reported that he had been much worse since the treatment. I said good. In two days more a second anesthetic was administered, rectum dilated again, removed the small papillæ and slit the pocket open, twenty-four hours later the report was that the child was much improved. One week later this last process was repeated, taking out everything that had the appearance of roughness; and, as he had adenoids, they were removed. From this treatment the improvement was very rapid. The anesthetic and treatment was repeated six times, when he was sent home with the request that he be returned for examination in three months, at which time, to the surprise of everybody, we found a strong, healthy child. We put him onto the table and repeated the treatment once more, and at this time a pair of very bad tonsils were removed. From that time to this there has been no trace of his former troubles, now about three years.

Girl, thirteen: Physical condition fairly good; attacks average one every two weeks. Bad appendix; tender ovaries; tightly hooded clitoris and a little rectal trouble. Treatment: Removed the appendix, as both ovaries had large cysts and the graafian follicles were very large I removed a portion of both ovaries, unhooded the tight clitoris, dilated the tight rectal muscles and smoothed it up and sent her home in a little over two weeks and for many months have not known of her having another spell.

Girl, fourteen: Convulsion averages one every four weeks; well nourished and good physical appearance. Examination revealed irritated vulva; tightly hooded clitoris, which was swollen and inflamed; tight rectal muscles with much tenderness, would not admit even the little finger without severe pain. Treatment: Gave an anesthetic; unhooded the clitoris; dilated rectum and smoothed it up. Patient left the hospital the fifth day and has not had a return of convulsions for past three years.

## VOMITING IN PREGNANCY

Thomas Bowles, M.D., Harrison, Ohio

One of the most unpleasant wrongs of the pregnant condition is what is known as morning sickness, which varies in intensity from simple nausea to actual vomiting, the latter being worse or occurring soon after arising in the morning. It is usually an early symptom of pregnancy; in fact, it is very frequently the first symptom to occur after the cessation of the menstrual flow—and in those women who become pregnant during the period of lactation and before the menses have returned, it is quite frequently the first indication that the woman has of her condition.

Morning sickness, nausea and vomiting does not manifest itself in all cases of pregnancy, as many women are never sick at the stomach during the period of gestation, remaining perfectly free from this unpleasant condition throughout, from the time of conception to that of delivery. Women who are neurotic and those who have some form of uterine displacement, or chronic disease of the uterus and appendages, are more likely to be disturbed by the local disease causing the sickness to occur as a reflex condition, rather than that there is any actual wrong of the stomach.

In the neurotic woman the nausea and vomiting may not cease, as is usual at the end of the third or middle of the fourth month of gestation, but continues to become more aggravated as pregnancy goes on, and does not cease until delivery has taken place. This woman may become so sensitive that even the odor of victuals being cooked or the very thought of food may cause nausea or vomiting; and again, she may become so sensitive that even the sight of food will augment her desire to vomit. The neurotic woman very often has ptyalism as a complication of nausea and vomiting, which may become so excessive that as much as a quart of saliva may be spit out in the course of twenty-four hours. This constant drain on the system causing emaciation and exhaustion to such a degree that it may in some cases become necessary to resort to premature delivery to save the woman's life.

The uterine displacements, especially the retro-displacements, are a very frequent cause of vomiting in pregnancy on account of their mechanical effect. Retroversion and retroflexion have both been known to cause serious and persistent vomiting on account of the pressure of the uterus on the rectum, and when pregnancy takes place the displace-

ment is exaggerated as the body of the uterus increases in size, and until the fundus clears the promontory of the sacrum and rises into the abdominal cavity, when there may be some relief from the pressure heretofore exerted on the rectum, and the vomiting ceases because the mechanical effects of the displacement have been removed.

It is a well-known fact that during an attack of dysmenorrhea vomiting is of frequent occurrence; this may be due to an increased amount of blood in the uterine vessels during the attack, or it may be due to the pain or over-sensitiveness of the muscular coats of the uterine body; and so in the earlier months of gestation there is frequently an over-sensitive or painful condition of the uterine muscle which may cause reflex vomiting the same as pain in any other part of the body may cause vomiting. The uterine muscle is very likely to be over-sensitive when there is any chronic affection of the uterus, such as endometritis, endocervicitis, erosion of the cervix or cervical laceration due to previous confinement.

Diseases of the appendages, especially the chronic forms, cause chronic invalidism and exert an enfeebling influence on the digestive organs, and it is quite certain that when pregnancy occurs along with chronic salpingitis or chronic oophoritis there will soon be an increased amount of trouble in the diseased tube or ovary, and consequently an increased amount of pain and pressure will be exerted upon sensitive nerves and adjacent organs, causing reflex disturbances in the stomach.

Some women are so disturbed mentally when they find themselves pregnant that even the despondent condition may have its injurious effects upon digestion and the stomach rebels until the mental condition improves and the despondency gives way to a more cheerful state of mind. Other women become angry and others extremely irritable in their disposition during early pregnancy, with a like effect upon the digestion. Sometimes I think if the woman could be kept in ignorance as to her being pregnant she would have less troubles arise, which are supposed to be incidental to the pregnant condition. There is no doubt but what morning sickness may be induced by the influences exerted upon the system by the mental disturbances which so frequently arise soon after the cessation of menstruation and the woman suspects pregnancy.

When we have wrongs of the stomach itself which may cause vomiting and which is not reflex from the internal genitalia, the woman may vomit on account of what is



known as being bilious, which is manifested by the presence of bile in the material ejected each morning from the stomach. Constipation is a frequent cause of vomiting and must be overcome sometimes in order to relieve the nausea and sick stomach. The increased size of the uterus, with its corresponding increase of pressure upon the rectum, causes this undue constipation. Dr. Hirst, in his text-book of obstetrics, says: "If woman may be defined as a 'constipated biped,' the pregnant woman is 'a more constipated biped' and the puerperal woman, for reasons hereafter to be described, 'a most constipated biped.'"

Indiscretions in eating and an improper diet have a great deal to do in causing the pregnant woman to be sick at her stomach. Every physician knows, who has much obstetrical practice, that a very large per cent of pregnant women pay no attention whatever to hygienic living and are simply gormandizers, eating excessively of meats, and practically no cereals.

We might find many other causes of morning sickness, nausea and vomiting during pregnancy. I have tried to mention those which I think are the most common; those which we are called upon to treat most frequently.

In the treatment of these patients we will be guided by the same principles that we would be in treating similar conditions in other patients. We will endeavor to ascertain the cause in each case individually and remove it. The woman does not have nausea and vomiting simply because she is pregnant, but she does have nausea and vomiting because she has some existing cause which produces nausea or provokes vomiting; and while it may be neurosis in one, it may be uterine displacement in another; a disturbance of the mind in a third, and an indiscretion in diet is still another, so we will try to ascertain the actual cause in each case and correct the wrong we may find.

There is no ailment that I know of which affords such a chance in which to practice specific medication as does this sick woman. In the medical treatment there are numerous remedies suggested for the relief of vomiting during pregnancy by the many obstetrical writers, but as they fail to teach why or where you should employ a certain remedy we have to discard their treatment and employ one which is "based upon right general principles," administering remedies according to the specific indications which may arise in each individual case. I have been successful only when such a treatment has been employed. I will mention a few

remedies as illustrating the idea I am trying to impart: I would give *nux vomica* (specific) in very minute doses, not more than three to five drops in four ounces of water, one drachm every three hours, if the tongue was broad and pallid and the patient was vomiting bile. If the tongue was broad and thick and yellow at the base, small doses of calomel and soda, say one-tenth grain tablets, may be given with the *nux*. When the tongue is clean and the patient is neurotic and suffers frequent attacks of nausea, chloral hydrate, fifteen or twenty grains added to four ounces of water and given in one drachm doses every twenty minutes till relieved, will relieve more cases than any other one remedy I have ever employed. The tongue may indicate irritability of the stomach, being pointed and elongated with reddened tip and edges. *Ipecac* or *amygdalus* will be the remedy to employ. The despondent mental condition will be improved in a short time by *pulsatilla* and the stomach relieved. The over-sensitive condition of the uterine muscular coats will be relieved by *macrotys*. The chronic disease of the tube or ovary will be benefited by the same remedy. The irritable disposition, or the angry woman, we will give *helonias*. When *ptyalism* complicates we will think of using *delladonna*, *pulsatilla*, *phytolacca* or phosphate of *hydrastine*. For *pyrosis*, *bismuth subnitrate* administered in peppermint water. Constipation should be relieved and the surest remedy I have yet found is the tablet composed of *aloin*, one-fifth grain, *extract belladonna leaves*, one-eighth grain, *strychnine*, 1/120 grain, and *extract cascara sagrada*, one-half grain, administered at bedtime. Hygienic living, a healthful diet, a cheerful mental condition with sufficient mental diversion to employ the mind and outdoor exercise, will aid the treatment given and add very much to the patient's comfort.

The physician who becomes an expert in relieving the discomforts of the pregnant woman will soon become the leading obstetrician of his community, which will give him the children for his patients, and when a physician has the women and children to treat he has the best end of it in the practice of medicine. There is one other form of treatment which is applicable only to the case where the vomiting and *ptyalism* have become persistent and pernicious and you are about to produce abortion or premature delivery; that is dilation of the uterine cervix; it will frequently give immediate relief. In the advanced stage of pregnancy it can be done with the finger; in the earlier stages it may be done instrumentally—try it.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBURN, A.M., M.D.**  
Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBURN, A.B., M.D.**  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

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J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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## NEW YEAR'S RESOLUTIONS

A quiet hour devoted to retrospection is a good thing now and then. It is only an error to stumble and fall, but it is a crime to repeat it. By giving thought to our past words and actions we realize our mistakes more fully and see our future path more clearly. Having with discernment and wisdom laid a course for the future it becomes necessary to follow it to attain the goal. To the extent that the self-prescribed course is worth while, it is difficult to follow. Should the will power be uncultivated it is hard to maintain sufficient speed to steer a true course. A "resolution to do" helps a lot and the New Year is a good time to do it.

## COMMON CAUSES OF INDIGESTION

By F. B. Gottschalk, M.D., Chicago, Illinois

Another fact to be borne in mind is that the natural ferments will not work in the presence of their own end-products. Thus ptyalin becomes inactive in the presence of an accumulation of maltose or dextrose, which are the end-products of

salivary digestion. The reactions which are brought about by a ferment are rarely if ever complete, unless the products of the reaction are removed as formed, the reason being that nature, being a natural economist, is continuously re-forming from the products of the reaction the substances with which the ferment was before mixed. This thing nature does all along the line with her ferments.

Physiologists tell us that we secrete about three pints of bile in twenty-four hours, and that from one pint to one quart of gastric juice is secreted at each meal. These ferments are constantly forming and reforming from the absorbed bases or salts. The amount of hydrochloric acid secreted in twenty-four hours is far more than a fatal dose if it were present for absorption in the stomach at one time.

### **Do Not Mix the Starches**

The foregoing facts are most suggestive, and unless the stomach is very vigorous and its motility extra active, it should cause us to hesitate in smothering our breakfast-food with sugar or following a meal of starchy food with candy or other confectionery. The fact further suggests to us that it is not well to combine cereal starches and vegetable starches in the same meal; that is, don't use potatoes and carrots and parsnips with a meal of bread, breakfast-food or pastry. The digestion of vegetable starch is much easier than that of cereal starch, because it is less compact, hence more readily digested.

Cooked and uncooked starchy foods also fail to harmonize, since the cooked starches digest fastest. This has no reference to radishes, olives, lettuce, celery or green onions, which can be used in all combinations, as they do not ferment nor interfere with the digestion of other foods. Potatoes contain 15 parts of starch and 85 parts of water, and hence will digest much faster than pastry or bread made of wheat flour, which contains 85 parts of starch and only 15 parts of water. The same rule holds true as regards rice, corn, oatmeal and other forms of starch. If the starch-ferment does not convert it into sugar, the starchy matter will, in the meantime, undergo a process of fermentation which, producing an acid, promptly puts a stop to the further digestion of starchy food, and this in turn giving rise to a quantity of lactic, acetic and innumerable other acids, besides alcohol, all depending upon the ferment present in the stomach.

The foregoing items are important to those individuals whose stomachs have not a great deal of motor power or are dilated. It is, however, well to consider how long a person

with so-called strong digestive powers may thus interfere with nature's normal processes without deleterious results.

Unless the mechanical action is a very active one it will not be safe to defy the laws of nature for a prolonged period of time by harboring incompatible elements, as only in the persons of active stomach contractions will these substances be expelled in a short time. If not expelled, the attending fermentation and the liberation of hot gases will cause dilation and expansion of the stomach with the consequent thinning and weakening of the muscle-tissues, the glands also becoming reduced in number and activity. This is especially true of people leading a sedentary life.

### **The Hydrochloric-Acid Secretion**

Many is constantly swallowing thousands and thousands of germs. To prevent these from growing and multiplying in what otherwise would seem to be a natural incubator, nature has provided hydrochloric acid in the strength of 1 part of hydrochloric acid to 4000 parts of water. This acid mixture destroys the germs themselves but does not act on the spores, which, escaping destruction, may survive and multiply in the lower part of the bowels. The motor activity of the stomach-walls propels the chyme through the intestines the moment it is ready. It is absolutely important that the workings of the secretory and other motor functions should be in harmony, and, as a rule, they do run parallel. A decreased amount of hydrochloric acid is usually present in a stomach which lacks motor activity. If this were not so, we can easily see that the increased amount of hydrochloric acid would be likely to work havoc with the stomach.

The mechanical action of the stomach has a paramount influence on the digestion of foods. If only this function is normal other conditions may be lacking, for digestion will go on just the same without material disadvantage, as is seen in cases where the stomach has been entirely removed on account of cancer. The intestines are much more important than the stomach, whose one function is undoubtedly to protect the intestines from harm.

The stomach may be compared to a reservoir, where large quantities of food in different forms and combination may be received until by action of the gastric juice they are so transformed that they can pass onward into the intestines in perfect safety. The stomach is furthermore useful in bringing everything to a proper and constant temperature. Absorption of even water and salts into the circulation from the

stomach is very slow. It is in the small intestines that digestion and absorption are seen at their best. It has been found that animals who have had their stomachs extirpated were able to live, but were less able to digest raw meat (only the fiber of the meat seems to make hydrochloric acid necessary) than before the operation. Milk, rice, flour, yolk of egg, cooked meat, cooked cheese, purees, fats and starches were digested with ease.

### Fermentation of Stomach-Contents

The retention of food in the stomach which cannot contract, to propel its contents, leads to the collection of fermentation products. Investigation shows that the products of almost all microbes vary with the medium upon which they grow. Acids present in the stomach and bowels are always the result of fermentation or bad combinations of foods, and their presence usually is marked by the formation of gas. The fermentation of food after eating is just as bad as the products of the grain that ferments first and is swallowed afterward. The rapidity with which the flesh of animals taints and spoils is well known. It is easy to determine whether an animal is corn-fed or slop-fed. It is in marked contrast in firmness of texture, in color and flavor and in keeping qualities to the pork of corn-fed swine.

So also the flesh of the human animal in whose stomach fermentation is in progress is not that of a normal healthy individual. Aside from this, other symptoms seem to be the result of this fermentation poison, the most common of which are a foul breath, flatulence, drowsiness during the day and wakefulness at night, irritability, touchiness and stupidity.

Elie Metchnikoff, of the Pasteur Institute (Paris), has shown that the lactic-acid bacteria are a preventive of the putrefactive processes in the bowel, and has suggested buttermilk as the best vehicle for their ingestion. This fact has been published broadcast, not only by the press but by the various laboratories which prepare pure cultures of the lactic-acid bacteria. A great deal of good may have been done by the use of buttermilk made from this culture, but I believe the evils accomplished by its indiscriminate use counterbalance its benefits by far. I have seen quite a large number of patients with myalgia or muscular pains who had been on this form of diet and who promptly recovered when buttermilk was discontinued. I should hesitate to give buttermilk to a patient already suffering from starchy indigestion, as it will surely aggravate the condition. Buttermilk, being plain milk



with fat removed and carbohydrates already undergone conversion into lactic-acid fermentation, added to starchy food will change this also into lactic acid, which nature cannot use to advantage.

### The Acids Generated in the Digestive Canal

In the past we have heard a great deal about uric acid and its ill effects upon the system, but uric acid is comparatively harmless when compared with the acids generated in the body. We can accurately and absolutely measure the amount of uric acid taken into the body with our food, while we have absolutely no means of measuring the amount of acid or acids generated as the result of taking so simple a diet as bread soaked in milk or milk toast, a favorite diet for invalids.

If we stop one moment and think we must realize that bread or toast soaked in milk does not become thoroughly insalivated, and hence is prone to lie in the stomach for a long time, undergoing a process of fermentation and doing the patient more harm than good. The acid produced on a diet of this kind may, in one week, surpass the amount of acids taken into the system in the shape of meat in the course of half a year. Acids manufactured in the bowels are more powerful than acids taken into the body, which are frequently counteracted, neutralized or eliminated within an hour and a half after eating. But if there is a condition of fermentation producing acids in the stomach or small intestines, this condition probably will continue for every hour of the day, being ever present and manufacturing an acid similar to those produced in a brewery or vinegar factory that runs night and day.

These acids are responsible for a large number of derangements of health, manifested in various ways, among which may be mentioned neuralgia, migraine, myalgia, dyspepsia, skin diseases, acute inflammations, etc.

Nature is constantly neutralizing the acids of the stomach and intestinal tract at the cost of the alkaline salts of the blood. A diminution of these salts causes a reduced capacity for absorbing carbon dioxide therefore conversely lessening the capacity of the blood for taking up carbon dioxide. The normal power of the blood to combine with carbon dioxide is 20-volumes percent. This condition diminishes rapidly during the absorption of acids. If the quantity of salts falls under a certain limit, the carbon dioxide formed in the tissues doesn't find enough salts, in combination with which it can reach the lungs, consequently there is an impediment in the functions of the various organs.



### Remote Effects of Starch Indigestion

It is well to bear these facts in mind in the feeding of children, who are growing and need a large amount of mineral salts. They suffer most from attacks of starchy indigestion, on account of the consequent fermentation which takes place, this not only neutralizing the alkaline salts and preventing their absorption but robbing the system of the alkaline salts already present. This is why tonics, etc., frequently do not help in curing the irritable and ugly youngster suffering from carbon-dioxide poisoning, due to the increased amount of that compound in the tissue which, when stored up, may produce varying degrees of intoxication, and if long continued, may result in changing all the ordinary characteristics of the child.

Thus mental obliquity, mental torpidity, viciousness, seeing things in the wrong light—and hence becoming discouraged—may result in imperfect physical and mental development. The growth of each individual tissue in the body is dependent upon its immediate environment, that is, upon its nutritive supply, and indirectly upon the trophic nerve influencing or governing it. Abnormal composition of the nutritive fluids leads to abnormal chemical reaction of the tissues.

Physical conditions interfering mechanically with the supply of nutritive fluids, such as heat or cold, may modify the chemical reactions of the digestive juices. Thus we know that a child having cold feet is liable to have colic, and the adult who chronically has cold hands and cold feet is usually suffering from indigestion, even if he isn't conscious of the fact. I have examined hundreds of patients with cold hands and cold feet with this particular end in view and have not found one single patient where the digestive organs were in their perfectly normal conditions where the patient had chronically cold feet.

Acid fermentation is sufficient cause of uneasiness in the region of the stomach. It is frequently mistaken for hunger, but usually is a call on nature's part to dilute the irritating stomach contents. The constant irritation of the stomach walls by fermenting material is usually the cause of ulcers in the stomach and may be the primary cause of a malignant growth. Stagnation is a familiar cause of disease of the stomach. Of 10,537 cases of cancer of all parts of the digestive tract, recorded in the Prussian hospitals for a certain period, more than 40 per cent affected the stomach.

Notwithstanding an individual's possible ordinary good health, a stomach from which splashing sounds can be produced is not in a normal condition, for in the latter not even

at the height of digestion can splashing sounds be elicited, because the stomach closes concentrically about its contents, the organ being adapted to the volume of its contents. This condition pertains as long as the tonus of the gastric muscles remains intact. An atonic stomach, or a stomach with weak muscular walls, does not contract around its contents but yields to the force of gravity and is weighted down by its pressure, just as do the walls of a rubber bag by the fluid contained within.

The relaxation of the muscular fibers is always associated with motor insufficiency, which means inability to propel the normal products of digestion into the intestines in a legitimate period of time. This latter condition sometimes occurs in healthy stomachs when the quantity of food eaten is too large or its condition unsuitable. Atony of the stomach sometimes exists without insufficiency when there is resistance at the pyloric orifice. Striking examples of the improvement of the mechanical working of the stomach frequently occur after washing out the stomach or after vomiting.

A dilated stomach may exist from a very slight to a most extreme degree, from one in which splashing is obtainable only during the normal period of digestion to that in which splashing is present in the morning after an evening meal, that is, food may be found in this stomach which was taken on the previous day. (A dilated, splashing stomach may be very easily diagnosed and there are only a few pathological symptoms of such practical value as a splashing stomach. The only mistake possible would be mistaking a colon half filled with semi-liquid fecal matter.)

In a prolapsed stomach the ingested food resting in the fundus of the stomach causes it to assume much the appearance of water or other substances placed in a rubber sack. The greater the quantity eaten the greater will be the relaxation and thinning of the muscular walls.

In a stomach having perfect motility certain drugs are readily absorbed. Of these potassium iodide appears in the saliva and urine in ten to fifteen minutes after its administration through the mouth in a healthy, fasting man. In a patient with a dilated stomach lacking motility the iodide cannot be detected in the excretion until a much longer time has elapsed, sometimes an hour or more, showing that resorption is much delayed. Lack of motility in the stomach invariably results in a dilated stomach. As a result of this dilated condition and insufficient gastric motility, decomposition of the gastric contents takes place, in consequence of which a spasm of the

pyloric opening of the stomach occurs, which itself will not improve matters if the patient insists on eating when mealtime comes around and furnishes new food for the fermenting germs and microbes, thus tending to perpetuate the condition. A small flame, we know, is usually the cause of a large conflagration.

### Starch Indigestion and Tuberculosis of the Bowels

We know that when a patient has a sore throat the lymphatic glands of the neck are usually involved, the lymphatics acting the part of a catch-basin, to prevent the poisons which were absorbed from the inflamed area from being thrown into the system at once. Wherever there is an inflamed area, germs and microbes become active and throw off their wasteful material. That this should take place on the raw and inflamed surfaces of the stomach, caused by the irritating products of food fermentation, is only natural. Hence, we see that tuberculosis or lardaceous disease or caseation of the mesentery glands is only a natural outcome. A gland is never tubercular to start with. These germs are of a fastidious nature and only come and take up their habitat when a feast is well assured. They don't grub for a living. They are parasites in the strictest sense of the word. Pot-bellied youngsters, the victims of starchy indigestion, are the ones that perish from tuberculosis of the bowels.

The gastric mucous membrane is more proof against the invasion of bacteria than almost any other tissue of the body. In the digestive disturbances the individual functions of the stomach are affected in varying degrees. Although a single function is seldom affected by itself, it is possible from the clinical standpoint to distinguish cases of diseased secretion from those of diseased motility where there is pyloric spasm; atony soon follows, peptic ulcers are favored and healing is delayed.—Exchange.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. G. W. Harvey has changed his address from Fillmore to Moorpark, California.

Dr. Q. A. R. Holton, Whittier, lost his mother by death early in December. Mrs. Holton was Whittier's oldest resident and probably the oldest member of the Friends' Church in the United States as she was ninety-eight years old. She had lived in California for thirty-two years, coming formerly from Indiana. The Journal extends sympathy.

The following is an extract from a personal letter from Dr. M. A. Welbourn who is with the American Expeditionary Forces. The date is Oct. 22, 1917 and the address "Somewhere in France."

. . . Things are settling down very nicely here. The weather has been like real Indian summer. One morning we had a good old fashionedd frost.

My captain is away at present and I am commander, and it is some job for one as green as I. However, things are going along in about the usual manner. It seems funny to the men to keep writing letters every day and not to receive any. From what I can find out the mail goes each way about once a week between the two countries.

A couple days ago I had the pleasure of entertaining a general at dinner. We had a great time making preparations. We borrowed table cloths, knives, forks and spoons and dishes from the lady where we hold the officers mess and this is what we had: Roast sirloin of beef, creamed potatoes, salad (apples, tomatoes, radishes, white grapes made up with olive oil), apple pie, angel food cake, and coffee. The sisters at the convent made the cake. The general said he enjoyed the meal the most since leaving the states. He said he was going to steal our cook and mess sergeant. We also had inspection of the men and living quarters and got a good mark.

This is a very interesting town. The principal occupation of the people is making chairs, almost every house has a small shop where the chairs are made. They are hand carved and are very beautiful.

The lady we live with is fine. She just brought us up a half of an apple pie. The original pie was almost twice as large



as one of ours and is made without any lid. She brought it up to show it to us before she cut it. It tastes all right except there is no sugar in it. She offered to bring up some sugar, but as sugar is so scarce we refused.

This is also a farming community, each house has a sort of loft where they keep the grain. This seems to be threshing season. They have the threshing machine which is run by a gasoline engine. They thresh out the grain at one house and pull the machine to the next one. The machine stands right in the middle of the road and everybody walks around it.

Yesterday there was a wedding in town. The bride and groom came walking into town followed by relatives; they marched two and two through the streets to the church. It was a very curious sight and all our boys stood watching.

We have been having so much fresh beef furnished us that we were at a loss to know what to do with it, so I purchased a wine barrel and we corned two shoulders. Yesterday I tried every place to buy some cabbage and finally succeeded in getting one woman to promise me some for this morning (Sunday). I showed her how much I wanted, she had a three-bushel basket and by signs I told her we wanted it full. When I went to get it the basket was full but there were only ten heads of cabbage. The heads were cut off right at the ground and all the outer leaves were left on. The only way out of it was to buy three heads of cauliflower to make out. So we had corned beef and cabbage for dinner with baked carrots, bread, butter and coffee. Coffee we have three times a day. I don't think I have tasted water as such more than twice since arriving. They have a very light native wine (vin ordinaré) which every body drinks in place of water. It tastes like vinegar to me but will do in a pinch. . . .

### DR. CHAS. H. HERVEY

In the passing of Dr. Charles H. Hervey, whose death occurred in this city Wednesday night, the medical fraternity of this city and county have lost one of their most respected and devoted members. The doctor, who had been ailing for several months, had appeared during the previous week to be regaining strength, but Wednesday morning a change took place, when it was seen that the end was approaching, and his physicians abandoned hope, being powerless to render further assistance. The end came peacefully and quietly at 10 o'clock p. m.

Dr. Hervey was born in San Jose and his entire life had been spent here; he graduated from the San Jose high school, and as a young man began the study of medicine, afterwards taking up a course in the Eclectic Medical college of Cincinnati, from which institution he also gradu-

ated, but before returning to San Jose took a post graduate course in one of New York's leading hospitals.

### Practiced Here Over 30 Years

Dr. Charles H. Hervey has practiced his chosen profession in this city for over 30 years, and by his kindness of heart and unselfish devotion to the wants and cares of his patients was beloved and endeared by thousands whom he had befriended and served, and by hundreds who had come under his ministrations and attention without thought of future compensation, and his acts of charity will be missed by many. The deceased was a thorough sportsman, being a devoted lover of the field, forest, stream and his faithful hunting dogs, and ever advocated the strict upholding of the game laws of the state.

The deceased was possessed of a wonderful baritone voice and took great interest in all musical events, and for a number of years was solo singer in the First Unitarian church of this city. He was one of the original members of the San Jose Glee club, whose wonderful singing will be remembered by the older residents of San Jose. The club consisted, besides the doctor, of Elliot Reed, Robert Crichton and a brother, Professor Will R. Hervey.

Dr. Hervey leaves to mourn his loss his widow, Frances E. Hervey, formerly Miss Frances Cator, sister of Hon. Thomas V. Cator, Sr., of San Francisco, and a brother, Professor William R. Hervey, who resides in New York City. The late Mrs. Rose Stratton was a sister of the deceased. —San Jose Mercury.

### THE PRESIDENT'S DEFINITION OF GERMANISM

Innumerable articles and many books have been written to define "Germanism" and show to the world what it means.

In his message to Congress, December 4, President Wilson defines it as follows:

"This intolerable Thing of which the masters of Germany have shown us the ugly face, this menace of combined intrigue and force which we now see so clearly as the German power, a Thing without conscience or honor or capacity for covenanted peace."

This Thing must be crushed, and if not truly brought to an end, at least shut out from the friendly intercourse of the nations, says the President, and it is only when this Thing and its power are indeed defeated that the time can come when we can discuss peace with the German people.



# The California Eclectic Medical Journal

Vol. XXXIX

FEBRUARY, 1918

No. 2

## Original Contributions

### SURGERY AS INFLUENCED BY SENILITY

O. C. Welbourn, A.M., M.D., Los Angeles, California.

Read before the Southern California Eclectic Medical Assn.

According to the Biblical version senility begins with three score years and ten; according to the U. S. Army regulations it begins at sixty-four; according to the observant medical man it begins when it is found to be present. From the moment of birth old age creeps upon us, sometimes rapidly, sometimes slowly, and frequently unawares. Some babes are senile at birth. How much a syphilitic babe looks like an old man! Others become old almost before reaching maturity. Recently there came under my observation a woman with double senile cataract who was in the early twenties. And each of you can recall many patients who were senile in middle life, as well as others who were still young when by reason of many years they should have been old. Therefore we conclude that senility is not necessarily concomitant with old age.

A normal individual is liable to have certain diseases with each decade of life, and as the years advance we leave old dangers behind as new ones confront us. Thus we may console ourselves with the knowledge that as the battle with arterio-sclerosis approaches, pulmonary tuberculosis is put behind. However senility is senility and, whether the patient is two score or four score years of age, it is essential that its presence be recognized before undertaking any surgical operation. Such knowledge can be obtained only by a careful physical examination, and this should be done in all, except emergency, cases. By emergency operations we mean those patients who must be operated at once regardless of their conditions or the state of their surroundings.

Several years ago the late Dr. Perce and I operated on a man past eighty for strangulated inguinal hernia. He was unconscious and apparently moribund. No anaesthetic was given or needed. The stricture was divided and the intestines returned to the abdomen as quickly as possible. He recovered and so far as I know is living now. Twenty years before he had considered having a radical operation, but he decided that he was too old. About this same time Dr. Hannah Scott Turner and I operated upon a man seventy-six years old for uncomplicated inguinal hernia with results satisfactory to all concerned. It seems evident that neither of these patients was senile. Had they been senile the first should have had his operation regardless of his condition, but the second should have been encouraged to continue wearing a truss.

Hypertrophy of the prostate seems to be a normal state of affairs in men who have passed the fourth decade. The symptoms depend largely upon the location of the growth. Some patients complain only of slight uneasiness and difficulty in urination while others have great pain and total retention. Many of the latter have been using a soft catheter for a long time. Usually a prostatic silver catheter can be passed in expert hands with less traumatism than one of flexible material. Should the bladder be greatly distended it should not be completely evacuated at once as vesical hemorrhage may be induced. These patients are poor surgical risks, but a period of drainage either by self retaining catheter or supra-pubic cystostomy improves them wonderfully, and a prostatectomy later may be done with comparative safety.

Intracapsular fracture of the neck of the femur is a common accident with old women. The cause may be very slight such as tripping and a fall to the floor. It is a serious matter and the mortality is high in direct ratio as the patient is closely confined to bed. Osseous union should not be expected because the head of the femur has lost its nutrition. And even when attained may be followed by reabsorption. Not long ago I had a patient with a perfect result at the end of six months, but by the end of the year reabsorption had taken place and the leg was two inches too short. Immobilization of the fragments is axiomatic in the treatment of fractures, but here is the exception. Immobilization would mean confinement, and confinement in bed of the senile usually means death from hypostatic pneumonia or diseases of like cause. The open method is contraindicated because there is the danger of a major operation in addition to the confine-

ment. A very successful treatment is a "steady splint" for a few days and then get the patient up in a wheel chair. In due time nearly all of them will be about with the aid of a cane.

Arterio-sclerosis may produce gangrene in an extremity. The usual location is one of the great toes. The exciting cause may be a slight infection which soon disappears and the part becomes mummified. Gradually the disease extends to the smaller toes and then up the leg, i.e., if the patient lives long enough. The location of the thrombus is at the bifurcation of the popliteal artery or the origin of the anterior tibial. In the latter event the femoral becomes obstructed as high as the origin of the profunda. Amputation is the only cure for senile gangrene, and manifestly it is necessary to go above the seat of occlusion. This means just below the knee as the lowest point for consideration, with a probability of the middle of the thigh as a necessity. Unfortunately several weeks of suffering are required before the patient will consent to such a radical method of procedure. He wants the dead part removed, nothing more. When a proper amputation is done early many of these patients recover. The prognosis depends in a large measure upon the extent of the senile changes in other parts of the body. Sometimes senile gangrene is complicated by diabetes mellitus. In my personal experience but one such case has recovered.

### A STOMACH CASE

By Herbert T. Cox, M.D.

Read before the California Eclectic Medical Society.

I do not know as there is anything remarkable about the following case, but it presents the history and symptoms of one of those tedious and trying stomach cases which the general practitioner is occasionally called upon to treat.

Mr. W. F. W., age 50, height 5 ft. 7½ in., present weight 115 lbs., normal weight 125 lbs. Occupation, clerical work most of his life. Married 18 years and previous to that time had eaten at restaurants for brief periods only.

On December 24th, 1916, I was called to see him, he having been sick for some days with nausea, and pain in upper abdomen. Examination revealed the following: Patient of delicate and nervous appearance. Temperature subnormal, Pulse about 84 and small. Respiration 18. Tongue broad and flabby, pale and slight white coat. Teeth in good condition. Skin of body dry and inelastic but sclera and skin



showed no evidence of jaundice. Slight blueness to lips and finger tips; feet and hands cold. Urine was normal in every way. Abdomen was quite tympanic with tenderness over region of pylorus and duodenum, and confined to a small area; also slight tenderness in right iliac region. Patient complained of pain over upper right abdomen and toward umbilicus; also of constant nausea and occasional pyrosis but no vomiting. Pain most severe about an hour or two after food. Also of a tendency toward slight diarrhea for a few days, and constant rumbling and gurgling was present during the manipulation of the abdomen. I decided that I had a case of peptic ulcer, of the pylorus and duodenum or both, with excessive acidity and hyperperistalsis.

The following past history was obtained. Always had to be careful about what he ate since a young man, but no special trouble until six years ago, suffered a severe attack which confined him to bed and was diagnosed by his physician as gastric dilatation. Had La Grippe two years ago. Had all the children's diseases in youth. Habits always good. Never used tobacco or liquor. Father died at age of sixty-three of kidney disease. Mother died at age of seventy-two of a heart condition. Grandparents lived to good age. Has a sister with stomach trouble. A brother and sister in good health as far as patient knows.

Patient was put to bed and put on liquid diet every two hours. Patient was put on small quantities of cream and water half and half. And a powder was given after each feeding consisting of 6 gr. Bismuth Subnitrate, 3 grs. Sodium Bicarbonate, and  $\frac{1}{4}$  gr. Ext. Cannabis Indica. Also to take care of the portal circulation the following was given: Sp. Med. Hydrastis, 1 dram; Sp. Med. Chionanthi, 2 drams; Fl. Ext. Rhamni Pursh. Arom. 1 ounce; Aquæ Dest., q. s., 4 ounces.

Sig. One teaspoonful three times a day. The patient complaining of eructation of gas and pyrosis considerably. I changed the powders. Using the Bismuthi and Bicarbonate of Soda, omitting the Ext. Cannabis Indica, and replacing it with Resorcin gr. 3 and charcoal gr. 2 to each powder. Patient took a few and rebelled, as he said charcoal always made him sick, and on several occasions before, physicians had prescribed charcoal tablets of one form and another and he was always nauseated more. So these powders were discontinued and the old formula continued. Patient was now having less pain and gaining appetite but tiring of cream. But the cream was increased in quantity. The bowels were now getting sluggish and an enema had to be given each day.



The quantities of the Hydrastis, chionanthus and cascara in the fluid medicine was double, and in addition patient was advised to take a Sedlitz powder each morning which acted kindly on the bowels and gave much relief to the early morning nausea.

After a little more than two weeks the pain had subsided and the tenderness was not very marked, nausea was somewhat troublesome, but patient weak and tiring of the cream and water diet. So patient was fed less often (every 3 hours) and allowed junket, scraped beef sandwich, salisbury steak, coffee and cream, squab and a very little well browned bread. White vaseline was given in teaspoonful doses before each feeding and a powder of Papain and soda Bicarbonate was taken after food except the liquids. Strychnia gr. 1/60 given three times a day to boost the circulation and vitality. Gradually patient was allowed more latitude in his restricted diet, taking tender carrots, peas, spinach, soft egg, prunes, tapioca pudding, and finally some starchy food. Taking soda and Diastase after starchy food, and soda and papain after other foods. The liquid medicine was now again changed to *Pinus Canadensis* gtt vj, *Hydrastis* gtt iij. Glycerine gtt xxv, at a dose; three times a day, one hour after food; with the hope of lessening the secretory disturbances of the stomach and intestine, and which seemed to give some relief.

Patient being anxious to get to work returned to his confining office work a little more than a month from the time I was first called. I saw him occasionally for the next month and a half. He meanwhile continuing the same diet and medicines but being sometimes irregular with his meals. About March 20th he seemed to fear that he was going to have another attack, and sent for me to see him. Found him very much nauseated and depressed, some tenderness but not much pain. I prescribed *Nux Vomica* in frequent small doses for him until next day. Next day I returned, nausea was somewhat less. I now washed out his stomach with a salt and soda solution, and obtained a good deal of tenacious mucous. The stomach washing did not give the patient the expected relief so I did not repeat it at any future time. Patient was now persuaded to have X-Ray examination. So he was taken to Dr. Frederick Leix of Los Angeles and given a bismuth meal which was watched at intervals for 6 hours, photographed, and was again examined at the end of 24 hours and 48 hours. The fluorscope showed the stomach free from adhesions, normal in shape and position, but with hyperperistalsis and consequent shortened emptying time. Roughness of the cap of the duodenum was observed indicating an ulcer-

ated condition in the region of the pylorus and first portion of duodenum. In 24 hours the bismuth had barely reached the Caecal region, and at 48 hours had practically reached the rectum; but a great portion was still in the region of the terminal ileum indicating a stasis of the last portion of the ileum and also of the colon. The transverse colon showed marked ptosis and the appendix was not very movable, and lay back of the ileocecal junction; with some tenderness when pressed upon. A test breakfast was also given but nothing was discovered except excessive acidity.

Patient was now put on a strictly Proteid diet on account of the excessive acidity, and the following powder was given one-half hour after food: Ext Cannabis indica gr. 1/6, Ext Belladonna gr. 1/4, Calcined Magnesia gr 30. Also for his sluggish colon, tablets of aloin gr. 1/5, and Ext Belladonna gr. 1/8, Strychnia Sulphate gr. 1/120, were given night and morning to regulate the bowels. He returned to work again in a few days, and for the last month has been on the last outlined diet and medication. Alternating between the Bismuth powders and the Calcined Magnesia according to whether there is a loose or constipated condition of the bowel. Patient has no pain but feels weak and at times depressed. Foods seems to give no particular distress but it seems difficult to encourage him to take enough food to gain strength, as he is afraid to eat.

## INTRAUTERINE MEDICATION

Charles Woodward, M.D., Chicago, Ill.

Intrauterine medication is a method of treating uterine diseases that are and are not successfully controlled by surgery. The method consists in washing out the uterus with small quantities of mild antiseptics and medicated solutions by interrupted injections (not irrigation) with a half ounce hard rubber syringe through a small recurrent douche. These mild antiseptic solutions are as effectual in controlling inflammatory and septic conditions in the cavity of the uterus as when applied to external lesions. Why intrauterine medication has not been universally practiced is because many attempts have been made without properly adapted instruments or technical knowledge.

Few physicians have practiced uterine medication sufficiently to obtain the essential technique. When small fragments are adherently retained, to wash out the uterus four or five times daily is wrong, for it prevents disintegration.

To wash out and wait indefinitely a week or ten days allows adherent debris to acquire a septic condition. Experience has proved that acute inflammation is very susceptible to infection, and should metritis occur following puerperium, abortion or curettement, the uterus should be washed out daily with sulphate of magnesia, 95 per cent. phenol gtt., and distilled water. Chronic uterine inflammations are controlled by cleansing the cavity every forty-eight to seventy-two hours. Uterine cancer with menorrhagia or metrorrhagia should be cleansed out every forty-eight hours. A profuse uterine exudation that destroys the ovule and spermatozoa, resulting in sterility, should be removed every second or third day. The uterus should always be washed out immediately after curettement, and repeated every forty-eight hours, for from six to eight times.

When uterine colic is produced its cause is erroneously determined as shock from liquids entering the abdomen through the fallopian tubes. It is impossible for liquids to enter the tubes with passages no larger than a hog's bristle when the recurrent douche has a quarter of an inch exit. Conditions liable to cause uterine colic by medication are a gravid uterus, neuralgic dysmenorrhea, hyperesthesia of uterine nerves, too forcible introduction of too hot or too cold irritant solutions and caustics.

Practitioners who have washed out the uterus a few times and indefinitely waited to see what effect it had are stating that peroxide of hydrogen carries infection deeper into tissues. This shows a lack of knowledge of how to use peroxide of hydrogen. The uterine secretion is alkaline, and peroxide of hydrogen acid may cause irritation and slight pain; but irritation is no evidence of infection. Peroxide of hydrogen should always be alternated with an alkaline antiseptic. The writer has practiced intrauterine medication for thirty-five years as a specialty and never has had a case of infection occur from the use of peroxide of hydrogen.

The practice of intrauterine medication has proved that the majority of pelvic diseases are associated with systemic perversions which respond to the indicated local and therapeutic remedies. Operations exert little influence on complications and do not always correct local conditions of the following diseases.

Leucorrhea is a white albuminous discharge from the vagina or uterus as factors of overeating, deficiencies of the blood and insufficient elimination, and when allowed to become chronic it develops inflammation—a condition favor-



able to infection and growths. Whenever salt and granular sugar are diminished and coffee inhibited this condition yields readily to uterine medication every third day, and to indicated remedies, as kali mur. for white exudation and kali sulph. when yellowish.

Cervicitis has been increasing, especially since the curette is so often used to empty the uterus. It is said that abortionists curette the cavity of the uterus during the early weeks of gestation without any further attention. It is impossible to reparate a recently developed or advanced ovum or secundines from the endometrium without producing lesions, and more especially to the delicate nabothian follicles of an insufficiently dilated cervix. These lesions soon develop into chronic metritis in those affected with constipation and diminished elimination, and when neglected assume conditions for operations.

Had these fresh injuries been properly treated by intrauterine injections every forty-eight hours for six or eight times, probably no sequelæ would appear. Cervicitis is usually associated with chronic endometritis and diminished capillaries, which yield to intrauterine injections and specifically indicated remedies by controlling acrid exudations. Mild caustics applied to cervical inflammation, followed by intrauterine injections, together with pledgets saturated with fl. ext. phytolacca and glycerine inserted against the cervix, are usually all that is necessary. Peri- and parametritis are forms of superficial and deep, dry or discharging inflammation of the endometrium, which is usually accompanied by stagnation of uterine circulation, edema, retroversion or other displacements. These conditions are easily controlled and corrected 'by the extensive resources of intrauterine injections.

Dysmenorrhea: There are the mechanical, neuralgic, inflammatory and reflex forms. Intrauterine medication controls all but the reflex spinal form, while surgery offers little or no benefit to either.

Pelvic Visceroptosis: Conditions caused by overeating of stimulating foods, irritation, reflex contractions, inflammation and muscular atony. Practitioners who relinquish these pelvic visceroptotic conditions to surgery admit their inability to remove causes and restore muscular tonicity. Instruction to diminish the diet and inhibit the use of tea, coffee, sweets and salty foods will control irritation, reflex contractions and resulting ptosis. Intrauterine injections and dehydrating astringent packs inserted against the cervix will control inflammation and lighten the edematous pelvic



organs. The internal and external application of calc. fluor. and distilled hamamelis restores tonicity.

**Acute Gonorrhea:** A contagious inflammation of the mucous membrane of the urethra by the gonococcus. This disease is much easier to cure in the female than in the male, but few women are ever cured, for as soon as urination becomes painless treatment is suspended before the vagina, cervix and urethra are free of gonococci. Neglect leads to vaginitis, inflammation of the glands of Skene and Bartholin, endocervicitis, cystitis, mastitis and salpingitis. In its acute stage it yields quickly to intrauterine injections and kali mur., or to potassii bromidium, fl. ext., or specific gelsemii, aromaticum cascara sagrada, aqua q. s., M. Sig.: One drachm every three hours.

**Subinvolution:** A failure of uterine contraction caused by physiologic nerve and muscular exhaustion, colds, retained toxins and cell edema. A few intrauterine treatments with a piece of absorbent gauze with glycerine and specific hydrastis pushed into the uterine cavity results in involution.

**Reflex Sciatica:** A form characterized by pain in the great sciatic nerve caused by irritation, inflammation, infection and reflex contractions. When complicated with capillary anemia and deficient elimination, curettement gives temporary relief, but not a permanent cure. Curettement, followed by intrauterine injections every forty-eight hours for two or three weeks, cures this false reflex sciatica.

**Suppression of the Lochia:** A discharge from the parturient canal for one or two weeks after parturition. In some the suppression causes metritis, infection, reflex sciatica, pelvic abscess, and, in others, only suppresses lactation. A treatment to restore secretion and two or three intrauterine injections restores the lochia and lactation after the latter has been suppressed for thirty days.

**Phlegmasia Dolens:** A disease of the puerperal and abortion state (crural phlebitis) caused by capillary stasis, inflammation and infection of the uterus, lymphatic and pelvic tissue, filling the femoral and saphenous veins with coagulated blood. It usually occurs in women who have pelvic inflammations, and had abortions or children.

A successful treatment proves that these determinations are correct. Intrauterine injections should be given every forty-eight hours with a 50 per cent. solution of peroxide of hydrogen, alternated with an alkaline solution of antiseptic and dehydrating packs against the cervix; turpentine stupes over the hypogastric region every three

hours, absorbent gauze wet in a solution of ammonia iodide applied over the crural veins and covered by a bandage of the whole limb every twenty-four hours.

**Menopause:** The classifying of the menopause as physiologic and pathologic rationally determines its true conditions. A physiologic menopause is passed by a woman who approaches the climacteric with healthy generative organs, free from uterine edema, inflammation, infection, hemorrhage, pain, bloating, sweating or mental effects, and requires no treatment. A pathologic menopause is passed by a woman who approaches the climacteric with diseased generative organs, with uterine edema, inflammation, retained decomposed blood infection, hot and cold flushes, with or without hemorrhages, pain, bloating, sweating and mental effects, the control of which requires treatment.

Intrauterine injections every forty-eight hours with a 50 per cent. solution of peroxide of hydrogen, alternated with an alkaline solution of antiseptic and glycerine pack against the cervix, after the hemorrhage has ceased, is a specific treatment.

The medical profession will lay itself open to censure should it ever allow the disuse of this most reliable method for controlling uterine diseases. A book could be written on the subject and yet give only a moiety of the great resources of intrauterine injections.

## APPENDICITIS

H. H. Helbing, M.D., St. Louis, Mo.

For fear we will go to extremes in our censure of surgeons for operating for this wrong, or rather become so enthusiastic over the medicinal treatment of the disease as to lose sight entirely of our responsibility in caring for these cases properly, has prompted me to write this paper. I will agree that there are some surgeons mercenary enough to try and diagnose a case one of appendicitis, when a certain fee is in sight, but where there is one of this kind there are hundreds that are conscientious and are looking after the welfare of their patients. On the other hand, there are many who have lost sight of surgery entirely, who, when a case presents, dilly-dally along with it, trying to cure the case and finally, if they call the surgeon at all, call him too late to save the patient's life. None of the cases that I have had are of this kind, however, but where the patients have been in a precarious condition it was due to their absolute refusal of an operation until death was staring them in the face.

Of the cases that I have operated upon for this wrong, 72 per cent were not of the suppurative type; that is, no abscess had as yet formed, although the appendix was diseased and in time an abscess would have formed. In 38 per cent. there were abscesses of various kinds, some ruptured, and it is of this type of cases that I wish more particularly to speak.

In the first place, we must be absolutely clear on our diagnosis, for the wrong is often mistaken for flatulency. There are certain unmistakable signs that will aid us materially in clearing up a case of chronic appendicitis. In most cases it begins with nausea or vomiting and rise of temperature, together with constipation. There is tenderness over McBurney's point, also Monroe's point, at the margin of the rectus muscle on the same line as McBurney's point. In some cases, however, when the appendix is not at its normal location, we may find tenderness below this point, usually down in the pelvis. Coupled with this is rectus rigidity, flexing the thigh for relief and we have a picture that can not be mistaken.

A history of previous similar attacks will aid us in the diagnosis. In flatulency alone we usually have tenderness over the entire abdomen, not being any greater over the appendix than elsewhere, and we are also likely to have an absence of fever. Another sign that has been discovered by some one is tenderness over the twelfth dorsal spine to the right of the spinous process. Abrams says we should not mistake appendicitis for neuralgia, which is manifested by tenderness following the course of the sacral nerves around to the iliac region, but which usually extends down the front of the thigh. It also extends to the same region of the opposite side.

I recently had a patient sent to me by a physician from out of the city, whom we thought needed an operation for ovarian trouble. Upon examination, I discovered her extremely tender over the sacral vertebra, particularly of the left thigh, and so tender that she could barely stand the mild pressure of the fingers in this region. The tenderness diminished as we followed the course of the nerves around to the ovarian region, but the examination indicated that it was a case of neuralgia. The case was a neurotic, and, had we operated, her condition would have been aggravated. We directed the doctor to give her spondylotherapy treatment and the patient was benefited.

Should we have a case of acute appendicitis to treat, we must be familiar with the various complications that may ensue and be able to recognize a favorable or unfavorable



change in our patient. Sometimes the symptoms are deceiving, for a very grave condition is coincident with a decline of temperature and a seeming improvement in the patient. A gangrenous appendix that perforates will cause a decline in temperature if there is any fever previously, for often the gangrenous type will cause no fever at any stage until general peritonitis sets in.

A ruptured abscess will also cause a decline of temperature, usually followed in a few hours by meteorism and return of fever. As a rule, other grave subjective symptoms will aid us to diagnose the serious condition we have to combat. In such a contingency our only hope to save the life of the patient is to operate, and every hour's delay rapidly destroys any hope of saving our patient.

In some cases gangrenous appendix is present at the outset of the disease and it soon sets up a general peritonitis. This is what you might term the fulminant type, for the peritonitis develops first locally, but rapidly spreads, and surgical measures must be prompt if you expect to save the patient. Fully 10 per cent. of the patients I have operated upon have been of this type. You may not believe that such a type exists if you have never seen any diseased appendices, but if you ever do see a case it will leave a lasting impression upon your mind of the insidious malignancy of this form of disease.

A ruptured abscess is more easy to diagnose than is a gangrenous appendix preceding peritonitis. In the case of the abscess, we usually have fever continually, with chills and localized pain. For the pain in an abscess is more apt to be circumscribed and constant. There is a history of a sudden turn for the worse, often shock followed by excruciating pain and vomiting, and, while the temperature subsides, it soon rises again and is higher than before. The abdomen often rapidly becomes distended and the symptoms are so characteristic that we cannot mistake them. In gangrenous appendix and in ruptured abscess, as I stated before, operate as quickly as possible, but before calling your attention to some particular points in the technique of the operation I wish to say a few words about the diagnosis of abscess.

When an abscess is developing we find that our patient is sick longer than he has usually been with previous attacks; the tenderness in the iliac region increases; the fever continues, with possibly a chill occasionally; it may have reached the stage when, if we expose the lower abdomen, by comparing the right with the left iliac region, we may notice a slight bulging; we may elicit tenderness by pressing in the dorsal



region just behind the location of the abscess; there is even bulging in this region, if the abscess is large. There is dullness on percussion and we can outline an induration if the patient is not too tender for palpation.

In a clean case, when the disease has not gone beyond the wall of the appendix, invaginating the stump is the preferable technique for operation. In case of abscess that is unruptured, merely opening and draining is all that should be done. Later it may be necessary to operate for the removal of the appendix but I have never found that necessary.

In cases of gangrenous appendix with general peritonitis we should by all means remove the appendix. We used to think it best not to manipulate or stir up the appendicular region, which is necessary in the removal of the diseased appendix, but we have found that this does not aggravate the condition any and by removing the old rotten appendix we get rid of the infective focus producing the disease and it gives nature a better opportunity to clear up the trouble.

In general peritonitis, we not only put a drain in the right iliac region, but in the left iliac region as well, and also the right dorsal region. In women it is wise to drain through the cul-de-sac also, for pus, or any infective fluid, will always be found down in Douglas' cul-de-sac. Free drainage is always essential. If we have a case of general peritonitis following a ruptured abscess, the same rules will apply as in a gangrenous appendix, viz., remove appendix and put in free drainage. The after-treatment will be indicated sedatives with echinacea, and I have also found pituitrin s. an efficient aid in the case.

I neglected to speak of the leucocyte count as an efficient aid in diagnosis, but most of us have not the means available for obtaining facts of this kind.

I have had a mortality of 65 per cent, in ruptured cases with general peritonitis. I wish to tell you of two of these cases—one fatal and one recovery—which are typical of all the others.

Caroline Meyers, age 13, had been sick one week. The attending physician had been treating her four days. Her pain and tenderness seemed to be central or over the uterine region, as much so as in the appendicular region. She seemed to be improved and wanted to get out of bed the day previous to the one I was called by the attending physician. The morning I was called she was seized with severe pain and the abdomen began to swell, her bowels failed to move and sick stomach supervened. An examination revealed swelled and tympanitic abdomen with great tenderness throughout.

Auscultation revealed some peristalsis, which indicated that there was not entire paresis, which we often find in general peritonitis. Her temperature had been running up to 102, but now it was 99. We suspected ruptured appendix and advised immediate removal to hospital and operate as soon as she could be prepared.

Operation revealed a gangrenous, perforated appendix, the abdominal cavity being filled with a sero-purulent fluid. Drainage was introduced through the dorsal region to the cecum, in the left inguinal region, as well as through the original wound. We succeeded in getting the old rotten appendix out entire. She was put to bed in the Fowler position and proctoclysis used. Pituitrin s., a half c.c. every three hours. The operation was performed at 2:30 p. m. and vomiting ceased after this and the stomach was in such a condition that she was able to drink water during the night without producing nausea. In my experience after an operation of this kind the bowels move promptly and the stomach settles.

The second day distention became greater and there was some nausea; temperature 102 degrees; pulse 140. The third day expelled considerable flatus and gas which, of course, relieved. The pituitrin helps peristalsis and will aid in expelling gas. Enemas, of course, are used also. We were giving echinacea and essence pepsin, but when nausea occurred we used subculoyd echinacea. We gave milk and lime water, but this upset the stomach and bowels, so we switched to liquid peptonoids and foods of that character.

At one time in the progress of the case, my split rubber drainage tube came out of the right dorsal drainage opening, so I inserted a soft rubber catheter fenestrated. The dressings seemed to be dry at this time, not enough drainage I thought. That night the temperature arose to 103 degrees and patient seemed worse, restless and suffering. During the night got easy and next morning the temperature was 99 degrees. Upon opening the dressings I found them saturated. Evidently my probing with the soft catheter opened up a pus pocket.

Her improvement was gradual, the temperature reaching normal the twelfth day after operation. The fourteenth day a fecal fistula developed, discharging from the right dorsal opening. While in the hospital, a case of diphtheria developed, in the room with her, and the fifteenth day after operation an exudate appeared on her tonsils; this gradually spread, became brownish, tongue heavily coated, foul breath and a malignant type of the disease developed. We could see that she would never survive, being in such an exhausted

condition. She died the nineteenth day following the operation.

Mrs. Casey, aged about forty-five, was taken ill with what seemed to be gas pains and indigestion, about four days previous to my being called. The day previous to my call, her chart showed a temperature of 104 degrees; today it is 99.5 degrees. The abdomen is greatly distended, tympanitic and very tender throughout, the greatest tenderness being in the appendicular region. Diagnosed ruptured appendicular abscess with general peritonitis. The attending physician had called an ambulance, believing an operation imperative.

As soon as she arrived at the hospital, she was operated and a large amount of pus evacuated from the peritoneal cavity. The intestines were highly inflamed and there existed adhesions. Owing to dense adhesions and fear of opening the cecum causing a fistula, we did not enucleate the appendix. We placed her in the lithotomy position and opened through the posterior vaginal wall into the cul-de-sac and evacuated more pus than had been evacuated from the iliac region. Drains were now inserted and the patient returned to bed so weak as to be pulseless. Strychnia, neutral camphor, hypodermoclysis of normal saline and protoclysis were instituted, which slowly revived her.

The next day upon removing the dressing some fecal matter was noticeable. None was seen during the operation. The patient gradually recovered, the fecal fistula closing gradually, and completely closed the twelfth day. About 20 per cent, of my cases of abscess have resulted in fistula, all of which closed spontaneously except one.

One unusual occurrence was a gangrenous slough in this case of Mrs. Casey's. The abdominal wall along the line of the incision in the iliac region became gangrenous and we had a slough about six inches long and three or four inches wide through the entire abdominal wall down to the fascia. After this had all sloughed out, we drew the edges together with adhesive plaster and had a final good result without a hernia, which we fully expected we would have.

The only other anomaly we ever run across in our work was an appendix filled with pin worms. It was thought a few years ago that pin worms were only found in the rectum or sigmoid, but there are several instances on record where they have been found in the appendix.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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O. C. WELBOURN, A.M., M.D.  
Editor

D. MACLEAN, M.D.  
Associate Editor

P. M. WELBOURN, A.B., M.D.  
Assistant Editor

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## SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## HELP THE NAVY

The Navy is short of eyes,—the kind of eyes that see a long way off. Furthermore there is no way to fill this need except by voluntary contributions of private citizens. “Before the war” comparatively few marine glasses were made in the United States and it has been found impossible to increase the supply sufficiently to anywhere meet the demands for our rapidly growing Navy. This is due to a lack of the right kind of glass as well as skilled workmen to manufacture it into lenses, a state of affairs for which each and all of us are to blame. Some considerable time must elapse before the production can equal the demand and in the meantime the Navy needs “glasses” right away. Personally we enjoy using a good pair of “glasses” but the Navy needs them and—the Navy gets them. The following official communication tells you how to do it.



## NAVY'S CALL FOR BINOCULARS, SPY-GLASSES AND TELESCOPES—"THE EYES OF THE NAVY"

The Navy is still in urgent need of binoculars, spy-glasses and telescopes. The use of the submarine has so changed naval warfare that more "Eyes" are needed on every ship, in order that a constant and efficient lookout may be maintained. Sextants and chronometers are also urgently required.

Heretofore, the United States has been obliged to rely almost entirely upon foreign countries for its supply of such articles. These channels of supply are now closed, and as no stock is on hand in this country to meet the present emergency, it has become necessary to appeal to the patriotism of private owners, to furnish "Eyes for the Navy."

Several weeks ago, an appeal was made through the daily press, resulting in the receipt of over 3,000 glasses of various kinds, the great majority of which has proven satisfactory for naval use. This number, however, is wholly insufficient, and the Navy needs many thousands more.

May I, therefore, ask your cooperation with the Navy, to impress upon your subscribers, either editorially, pictorially or in display, by announcing, in addition to the above general statement, the following salient features in connection with the Navy's call:

All articles should be securely tagged giving the name and address of the donor, and forwarded by mail or express to the Honorable Franklin D. Roosevelt, Assistant Secretary of the Navy, care of Naval Observatory, Washington, D. C., so that they may be acknowledged by him.

Articles not suitable for naval use will be returned to the sender. Those accepted will be keyed, so that the name and address of the donor will be permanently recorded at the Navy Department, and every effort will be made to return them, with added historic interest at the termination of the war. It is, of course, impossible to guarantee them against damage or loss.

As the Government cannot, under the law, accept services or material without making some payment therefor, one dollar will be paid for each article accepted, which sum will constitute the rental price, or, in the event of loss, the purchase price of such article.

Toward the end of January it is proposed to distribute throughout the country, postors making an appeal to fill this want of the Navy.

As this is a matter which depends entirely for its success upon publicity I very much hope that you will feel inclined to help the Navy at this time by assisting in any way that lies within your power.

Signed: FRANKLIN D. ROOSEVELT,  
Assistant Secretary of the Navy.

### **"LEST WE FORGET"**

By Dr. Alexander Gibson, Los Angeles, Cal.

To the student of life it is becoming more and more evident, that society is rapidly effecting a divorce from God. He is eliminated from our schools, from our kindergartens, from our homes, from our lecture halls, drama, art galleries—and not infrequently from the very church itself.

Hence, while in our several cultural activities we introduce our endeavors under the auspices of some prominent society, university or club, we seldom have the courage, the fervor and the faith to introduce our efforts under the auspices of God.

The result of this spiritual delinquency is becoming visible all around us in the general lowering of moral standards in our educational and domestic life. For it is evident that a divorce from God means a divorce from all the virtues, qualities and attainments that have their origin and sustaining power in the course and center of all divine and spiritual life. It manifests in the increasing numbers of separations in families; in the breakdown of the beautiful into artfulness and deceit; of usefulness into luxury; of love into vice; of hunger for food into craving for stimulants; of ethical brotherhood into commercial fraternity; of character into semblance; of adherence to principle into slavery to sensation.

As an instance, the modern dance, separated from its ancient soul, has dropped its original esthetic refinement, with its artistic grace and moral purity. The Temple dance of the Vestals has turned into a bacchanal of the Furies; the graceful Virginia Reel is disfigured into modesty choking Tango; the stately Minuet into an epileptic Looney Rag. From being an expression of the beautiful and sacred in human nature, the popular dance has degenerated into an exhibition of emotions arising from the lowest levels of sensual amusements. Among the ancients the dance was as much a form of worship and adoration as the prayer, and the stage a shrine where the actor brought into play his noblest powers, purest motives and deepest feelings as an humble sacri-

fice to the divine life, the nature of which formed the subject-matter of his dramatic interpretation.

It was this exalted conception by the popular mind of dramatic art that made it possible for an audience in Athens, Greece, some 2400 years ago, to remain in their seats for hours, enrapt in the performance of some Eusclian or Euripidean tragedy, with no other psychic stimulation to sustain their interest than the calm unfoldment and triumph of a moral principle through heroic sacrifice.

Furthermore, while the motives and subject-matters for modern painting, music and drama mainly are made up by interpretations of the feminine element of life, in its appeals to the erotic and passion in human nature—the form, appearance, suggestiveness—the art of the old masters, as manifested in the Greek Drama and Sculpture, in the Italian painting and architecture, in the Bach, Handel-Beethoven, Wagner-presentations in music, appealing to the religious and divine in life, caused the principle to determine the form, in place of the form to determine the principle.

For it is as significant as it is irrefutable that every grand achievement in painting, poetry, architecture, sculpture and music has had for its motive the interpretations of the divine life in man or nature, worked out in forms of religion, devotion and self-sacrifice. It is furthermore a glorious fact that in the history of art every stroke of true genius has been shot through and through with divinity.

Nothing but an utter absence of moral religious discrimination in the interpretation of human life and motives can accept the motion picture performance as a worthy form of drama. The crystallized impressions of human nature as introduced by the films are as unreal and untrue to the deeper meaning of life, as the rouge on a woman's face is to the glow of health on bloodful tissues.

In the moving picture performance the human element is lost. Under the action of this phantom play the minds of the audience are stirred and lashed into psychic convulsions. No exchange of personal feelings, no reciprocity of the warm flow of nervous life—reflected from a stage, animated and humanized by living actors—is returned from this emotion machine in its soulless registration of artificial, disconnected, morbid and demoralizing personalities. It is a mere grim mockery of real life, galvanizing into dramatic reflex action the spectral images of diseased emotions.

The function of the motion picture is to represent life, not to interpret it; to portray events, not emotions. Its great field is to reproduce scenes and processes of elemental na-



ture in its biological, physiological, geographical and historical significance. Its work is in colleges and schools—not on the stage. The latter, whose real object is interpretive, portraying motives and feelings, should be a dramatic mirror vitalized by living beings, capable of injecting their own throbbing life-force, spontaneity of impulse and warmth of emotions into the process of the drama, and by responding to the emotions of the audience rise to the sublimest intuitions of the human soul. Where humanity fails today is their failure to connect with God, and adjust their wills to His. The part can be explained and made rational only in relation to the whole; and human endeavors shall remain irrational, disconnected and disturbing fragments in evolution of life until made to converge in a unity of an ideal, all-embracing love, service and altruism. And this unity is God.—The Medical Brief.

### INSTRUCTIONS FOR USE AND SALE OF NON-BEVERAGE ALCOHOL

Attention is hereby called to the fact that non-beverage alcohol cannot be dispensed to persons who do not hold permits, whether upon physician's prescription, or otherwise, except in quantities of a pint or less, and on condition that the alcohol is first medicated according to one of the ten formulas set forth in Treasury Decision 2576.

The so-called non-beverage alcohol taxable at the rate of \$2.20 per proof gallon must not, therefore, be dispensed under a physician's prescription, unless in the compounding thereof the same is so medicated as to render it absolutely unfit for use as a beverage. In case of prescription compounding, the druggist will be held responsible as to the sufficiency of the medication.

A druggist who has qualified and who holds a special tax stamp as a retail liquor dealer may sell beverage alcohol, upon which the full amount of tax has been paid to whomsoever he pleases, in quantities of less than five gallons. It is understood, however, that all such spirits were produced prior to September 9, 1917, and tax paid at \$3.20 per proof gallon.

For each purchase, the purchaser must state on each application for withdrawal or purchase, which should be prepared in triplicate, the number of permit, quantity of spirits disposed of under permit, during fiscal year, quantity still outstanding, undisposed of, and quantity applied for herein and sign same.



If purchaser has not the information, as to quantity applied for, same should be furnished by vendor at time of delivery, and vendor should also see that description of goods delivered is supplied in space provided therefor, and note on all three copies that the goods have been delivered. One of the triplicates will be retained by the vendor, one will be returned by him to the purchaser immediately, and the other will be forwarded by him to the collector of Internal Revenue for the district in which the permit was issued.

Unless the above mentioned data is contained on each application for withdrawal or purchase, delivery of goods applied for should not be made.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. J. W. White, Des Moines, Iowa, who spent last winter in California, is spending this winter in Fitzgerald, Georgia.

Dr. J. R. Buckingham, Big Pine, has been called into active service and is with the aviation school near San Diego, Cal.

Dr. Russell W. Prince, Los Angeles, has been called into active service and reported at Camp Fremont, Palo Alto, California.

The next meeting of the California State Board of Medical Examiners will be in Los Angeles beginning February 18th.

A new law has gone into effect in California on January 1st whereby every physician must remit two dollars to the

State Board of Medical Examiners, in order that his license may keep in force.

Dr. P. M. Welbourn, Los Angeles, has returned from a few weeks' trip in the East.

Dr. J. Fraser Barbrick paid a flying visit to Los Angeles during the holiday season. Dr. Barbrick formerly practiced in Los Angeles but is now located in Boston.

Dr. E. C. Bond, Hanford, was in the city recently in consultation and was present at an operation performed on his sister-in-law at the Westlake Hospital.

Dr. W. P. Ferguson, Santa Ana, has never recovered from his paralysis which developed about a year ago, and is in very poor health.

The next meeting of the Los Angeles Eclectic Medical Society will be held at the home of Dr. J. A. Munk, 747 South Alvarado Street.

Dr. Milton A. Barndt, Los Angeles, has returned after a short visit in Chicago.

Dr. Davis of Fresno is spending some time in Los Angeles, having been called to the city by the illness of his daughter who has had an operation at the Westlake Hospital.

## NERVOUS CONTROL AFTER DRUG WITHDRAWAL

One of the serious problems presenting after the withdrawal of a habit-forming drug, is the marked nervous unrest. Control of this condition often taxes the medical man to the utmost. He wants to choose a sedative that will control the nervous symptoms and yet which will not subject the patient to depression of the various vital processes or lead him into a habit almost as bad as the one which he is endeavoring to quit.

Pasadyne (Daniel) is of the highest service in this class of cases. It possesses pronounced sedative properties, without causing a subsequent depression, and will not produce a new habit. Pasadyne (Daniel) is simply a pure concentrated tincture of *passiflora incarnata*. It may be relied upon whenever a potent and safe sedative is needed. Samples may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

# The California Eclectic Medical Journal

Vol. XXXIX

MARCH, 1918

No. 3

## ❖ Original Contributions ❖

### SPINAL ANESTHESIA, OR SPINAL ANALGESIA

#### Its Field and Peculiarities

A report of 487 cases, as given by Harry Theodore Cooke, M. D., Chief Anaesthetist, at the Los Angeles County Hospital, during the year of 1917.

To me the question of anaesthesia is always an interesting one, and out of approximately about 3,500 anaesthetics given under my supervision at this institution during the year just closed, which included ether, nitrous-oxide and oxygen, chloroform, local, spinal and rectal anesthesia, I wish to mention our experience with spinal anesthesia, (or more properly analgesia, or insensibility to pain) in connection with our operative work in this hospital, where our range of cases is wide and varied.

The anaesthetic agent is tropacocaine hydrochloride crystals, which are dissolved in the spinal fluid itself; no other diluting fluid is used. This I term the "dry method" in contradistinction to other methods, in which a fluid such as sterile water or normal salt solution is used to dissolve the anaesthetic agent, as stovain, novocaine, etc., and this solution replaces the same amount of spinal fluid withdrawn.

Our tropacocaine is purchased by the pharmacist here usually in ten gramme lots, placed by him in glass ampules containing one grain of tropacocaine crystals, each, and then sealed up. It is placed in the sterilizer and subjected to a steam pressure of ten pounds and a temperature of 240 degrees F. for a period of 20 minutes on two successive days and then stored for future use. The number of ampules necessary for the morning's operations are placed in alcohol

and removed as wanted when the cases come to the operating room.

The patient is set up or climbs up onto the side of the table with feet resting upon a stool, the back is bared and scrubbed with benzine and then painted with iodine. A sterile small operating sheet with a 5x7 aperture is placed over the back adjusting the aperture to the field of puncture which is usually at some point between the first and fourth lumbar vertebrae. The patient is then told to fold his arms closely across the abdomen, to bend well over and to flex head on the chest; this position gives a posterior curve to the lumbar vertebrae, thus separating them, allowing the puncture to be made more readily. Removing my syringe, spinal needle, a small file and one or two ampules of tropacocaine crystals from the alcohol, they are placed in a sterile towel beside the patient, together with two pledgets of gauze and a small piece of cotton and I am ready for the spinal puncture and injection after having of course washed and scrubbed my hands and passed them through the antiseptic solutions.

A glass ampule of one grain of tropacocaine is filed across and broken open with the sterile gauze pledget and emptied into the barrel of the empty syringe (one grain is all that I use for rectal work). The plunger is inserted and pushed down on the crystals in the barrel as far as possible with a slight grinding motion to exclude all air possible. The syringe is now laid down and the spinal needle of about 18 gauge and about 10 cm. in length and the stylet which fits inside the needle is wiped off and when the stylet has been inserted the needle is ready for use. The puncture site is now selected. For operations on the rectum, perineum and lower extremities I puncture between the third and fourth lumbar vertebrae, for hernia between the second and third and for higher abdominal incisions as for appendix and gall bladder the puncture is made between the first and second or even the interspace between the twelfth dorsal and first lumbar vertebrae is pierced in order to get the anesthetic influence to the higher nerves.

A line drawn across the back from one crest of the ilium to the other, falls on the body of the fourth lumbar vertebrae. Half an inch above this intersection will be found the interval between the third and fourth lumbar vertebrae which is the point we are seeking. On this level and three-eighths of an inch to either side of the midline the needle is thrust quickly through the skin, without any local anaesthetic, as the sensation is only for the moment, like the prick of an ordinary hypo needle, but larger. However, the difference is not



marked since the back is much less sensitive than the arms or legs. (Fifteen or more years ago, a local anaesthetic was used at the site of puncture, but two pricks were required instead of one, but now this has been abandoned as unnecessary by the later investigators.)

Aiming to go slightly upward and inward, so that the point of the needle, when it is in the flesh about two inches, will penetrate the dura mater in the midline, a resistance is felt as the needle meets and pierces this tough membrane. A sudden cessation of all resistance tells me that I am through the dura mater. The point of the needle is now in contact with the spinal fluid and when the stylet is removed the spinal fluid escapes. By placing my thumb over the head of the needle I prevent further escape of spinal fluid, and with the free hand I adjust the syringe to the head of the spinal needle.

With a twisting, grinding movement I slowly draw the plunger of the syringe outwards allowing the spinal fluid, which follows the plunger, to dissolve the tropacocaine. Solution is usually complete after the piston of the syringe has been moved in and out about eight times. Finally all of the fluid is returned to the spinal canal and with the exception of the small amount of fluid which remains in the lumen of the needle no spinal fluid is lost. I like to have the fluid push out the plunger a little, as this shows that the spinal fluid pressure is transmitted to the plunger which is evidence that my dosage is being deposited within the spinal canal, which is a very essential point. Failure to get anaesthesia is due to poor technic and a failure to get a free flow of fluid. The dissolved crystals of tropacocaine bathe the posterior sensory nerve roots of the cord with their toxic principle, thus inhibiting their sensitiveness below the point of injection and throughout their peripheral distribution, thus allowing tissues formerly under their control to be handled from an operative standpoint with impunity. If the dosage is large enough to disseminate in the spinal fluid and bathe the anterior motor nerve roots, the patient will be unable to move the muscles formerly controlled by these nerves while the toxic influence lasts. Anaesthesia from one grain of tropacocaine in the average individual usually lasted forty-five minutes, and in some cases occasionally extended to one hour. Two grains usually lasted an hour and a half, and in quite a number of cases one and three-quarter hours, and a few cases to fully two hours, namely for varicose veins and fracture work.

After the plunger has been pushed home, sending the load of dissolved tropacocaine into the spinal column of fluid, the

syringe and needle are withdrawn together and the small point of injection is covered with a small piece of sterile cotton held in place with a little collodion, and the injection is finished. The injection has probably consumed three or four minutes, and the patient is ready for operation and in surgical anaesthesia below the point of injection in another four minutes, or as soon as he is on the operating table and scrubbed for operation and draped. If a tingling in the feet and a sense of warmth is not felt before entirely through the injection or in two minutes from the beginning, you may rest assured that your technic is faulty, and the toxic agent did not enter the canal. In only one case in this series, where I felt sure that my technic was not at fault, and the fluid was obtained with normal pressure, did I fail to get anaesthesia, and that case was a cocaine addict. In the ordinary case after two minutes, sensation about the rectum or anus is lost (the anus by the way, under ether anaesthesia is the last muscle to relax, while under spinal injection the sensation is lost at once and you can ask your patient to strain down a little and he can protrude the rectal mucosa through the sphincter, thus giving the operator a full view of the field of operation and still the patient has no pain sense.)

In about three minutes from starting the injection the patient is laid flat on the table and the head is raised with at least two pillows. This is important, with the idea in mind of keeping the respiratory center in the medulla higher than the general level of the spinal column, to avoid any toxic action or inhibition to the respiration. This is the danger of the Trendelenburg position, to which nearly all unfavorable symptoms are due.

For all rectal work the usual dose of tropacocaine crystals is one grain, for hernias and appendices, one and a half grains, or if you have a slow operator or a peculiarly difficult case or a double hernia, two grains are used. It is sometimes difficult to estimate at the time of giving the injection just what dosage to give as the operator may become involved in unforeseen difficulties, but if the anaesthesia wears off too soon a little ether can easily be added, as ether is an antidote for unfavorable spinal symptoms should they appear. (Ether is also a heart stimulant). For hernias, appendices and upper abdominal work a short Trendelenburg position is used as a continuous modified Trendelenburg position of ten or twelve degrees is allowable. Working on the theory that there is no apparent circulation in the spinal fluid, but an equalized pressure between the spinal fluid in the cord and the ventricles of the brain, through the foramen of Majendie, through

a balanced secretion and absorption, the action of the toxic tropacocaine must be by diffusion, as methylene blue might be diffused through olive oil if added slowly drop by drop. Consequently the spinal fluid, whose specific gravity has been slightly increased by the tropacocaine, settles by gravity at the point of injection downwards, and this downward direction can be controlled by the position of the body. Thus the injection reaches first the posterior sensory nerve roots at the point of injection and if it is desirous to retain the toxin at this point, the patient is at once laid upon his back, or the injection can be made on the side and the patient at once turned upon the back; but if you are going to operate on the rectum, perineum or extremities, the sitting posture is maintained for about three minutes in order to diffuse the toxic agent to the nerves controlling the operative field, namely the sacral plexus. This will allow all rectal work to be done, circumcisions, perineal, fracture and bone work, varicose veins and amputations of all kinds on the lower extremities and all forms of orthopedic work, etc., and the point of injection is between the third and fourth lumbar vertebrae. In operations above Poupart's ligament and abdominal incisions, you must temporarily put out of commission the nerves controlling these areas, consequently the injection is made one, two or three spaces higher, or else the Trendelenburg position is used to gravitate and diffuse the toxin to these higher levels. The Trendelenburg position should be used with extreme care. I seldom use the full forty-five degree position, but a modification of twenty degrees or less, and in a few minutes leveling them up to a lesser degree, where they may remain throughout the operation, in the usual case. This method of gravitation and site of puncture controls the desensitization of the nerves at the site of incision, which are the most important ones to control. By pinching the skin at the site of the incision one can tell whether you are ready to proceed or not. If not your technic has been faulty, you will either have to make another puncture or use ether or some other anaesthetic. In this series of cases, there have been about six cases in which puncture could not be obtained, owing either to ankylosed or deformed spine or inability to get a flow of fluid, and another anaesthetic was used. I doubt if there is such a thing as a "dry spine" but the vertebrae may be so distorted as to make it very difficult to reach the cord, but these cases become less with better technic.

With rectal, lower extremity and ordinary perineal work, no pre-operative medication is given, but with strangulated



hernias, cholelithiasis, acute appendicitis and a nervous worn-out patient, often with subnormal temperature, pre-operative medication and supportive measures are advised; as hypodermoclysis in breasts, adrenalin intravenously, atropine, camphorated oil by hypo as well as post-operative treatment on the ward, when patients are poor operative risks. Morphine can also be used if needed.

Spinal cases act as well as general anaesthetic cases with supportive treatment, but supportive treatment should be **anticipated** rather than delayed. Spinal anaesthesia will never displace general anaesthesia entirely, but it certainly has a field of its own, which is becoming wider as we become better acquainted with it, understand its peculiarities and improve our technic and realize its possibilities. In amputations it is very satisfactory, causing less shock by blocking off nerve sensation, also the patient is saved the strain of an inhalation anaesthetic, with possible choking up with mucus and vomiting. On return to the ward they can take nourishment which is also supportive, the stomach being in a normal condition to receive food. You can also converse with your patient as to the point of amputation, which might be quite an item under some circumstances. In rectal operations the sphincter is almost immediately well relaxed, and you can talk to your patient asking him to strain down a little, and the rectal mucosa is well protruded affording the operator a very satisfactory field for work. In fact a new operator under spinal analgesia will have to be conservative and not too radical in removing tissue as in a Whitehead operation, owing to the greater prolapse of tissue or after the spinal anaesthetic has worn off he will have too much contraction.

In rectal work here, operative analgesia from one grain of tropacocaine usually lasts forty-five minutes or more. In one case of carcinoma of the rectum, Percy cautery was used for thirty-five minutes removing a large mass of necrotic and granulation tissue, without pain, the patient, a woman, not moving a muscle or showing any signs of distress during the operation and pain did not appear until after the spinal analgesia had worn away and sensation returned to the operative field, after she was in bed on the ward.

Our rectal specialist was able under spinal analgesia and when conditions were favorable, by keeping things moving to complete seven rectal operations, such as cases of hemorrhoids, fistulae, strictures and ischiorectal abscesses, in one hour and a half, from the time that I started injecting the first patient to the time when he completed the last operation. Operative anaesthesia is usually secured in three or four



minutes. Of course while he was operating the first case I was injecting the next one and so on. This time included getting the seven patients in and out of the operating room using but one table to operate on, filling out each patient's operative chart and adding post operative directions in each case. This is only mentioned to show the speed that can be obtained if necessary, and the rapidity of the operative analgesia.

Of the 487 cases of spinal injection that I myself have given in the past year of 1917, the ages range between 16 and 93. In these operations are included the following:

Rectal Region:	Cases
Hemorrhoids .....	99
Rectal and anal fistulae .....	33
Ischio rectal abscesses .....	23
Carcinoma of rectum (cautery).....	5
Tubercular rectal abscess.....	5
Rectal structure .....	5
Anal abscess .....	2
Anal sinus .....	2
Abscess and anal fistulae .....	3
Fish bone in rectum .....	1
Prolapsed Rectum .....	3
Exploratory of rectum.....	1
<b>Total .....</b>	<b>182</b>
<b>Genito Urinary Region (Male):</b>	
Removal Prostrate (supra pubic) .....	31
Suprapubic cystotomy .....	12
Vesicular calculus .....	4
Hydrocele .....	23
Varicocele .....	18
Perineal abscess .....	5
Removal of testicle .....	6
Prostatectomy and vesicular calculi.....	3
Multiple puncture epididimus etc.....	2
Perinephritic abscess .....	1
Prostatic abscess .....	5
Inguinal lipoma .....	1
<b>Urethrotomies:</b>	
Internal .....	1
External .....	3
Internal and external .....	5
Epididimectomy .....	2
Urethral fistulae .....	2
Extravesation of urine and drainage.....	1

Urethral calculi .....	1	
Amputation of penis .....	2	
Periurethral abscess .....	1	
Plastic on foreskin .....	1	
Punch operation on neck of bladder.....	3	
Hernias:		
Single .....	40	
Double .....	7	
Strangulated .....	3	
Ventral .....	1	
Umbilical .....	1	
Omental .....	2	
Scrotal .....	1	
Total .....		188
Genito Urinary Region (female):		
Perineorrhaphy .....	2	
Trachelorrhaphy and Perineorrhaphy .....	2	
Sutures in cervix for hemorrhage.....	1	
Right ovarian cyst .....	1	
Salpingo oophorectomy .....	1	
Vesico-vaginal fistulae .....	1	
Bartholin abscess .....	1	
Total .....		9
Abdominal Region:		
Appendix .....	1	
Intestinal obstruction .....	1	
Drainage of liver abscess.....	1	
Cholithiasis .....	1	
Ruptured bladder .....	1	
Removal of scar tissue.....	1	
Exploratory laparotomy .....	1	
Drainage fecal peritonitis .....	1	
Total .....		8
Extremities:		
Fractures:		
Tibia and Fibula .....	20	
Femur:		
shaft .....	3	
head .....	1	
Patella .....	1	
Removal of loose semilunar cartilage.....	1	
Removal of Lane's plates.....	4	
Probing for bullet (leg) .....	2	

Tendon transplant .....	1
Tenotomy of tendo achilles.....	1
Dislocation, subastragaloid .....	1
Removal of gonorrheal spurs.....	1
Amputations:	
Thigh .....	5
Leg .....	14
Toes .....	7
Correction of flat foot .....	1
Correction of Hallux Valgus .....	6
Correction of Ingrowing toe nails.....	1
Tenotomy of toes .....	2
Plastic operation on bone (tibia).....	1
Tumor mass of right heel.....	1
Popliteal Aneurysm .....	1
Osteomyelitis (drainage) .....	4
Cyst of knee .....	2
Varicose veins:	
One leg .....	9
Both legs .....	4
Gas bacillus infection (drainage).....	1
Reamputation of stump .....	3
Arthritis, drainage of ankle.....	1
Aspiration of T.B. sinus (knee).....	1
Total .....	100
Grand Total .....	487

Our circumcisions on adults are usually done under local anaesthetic but if accompanied by varicocele, hydrocele or associated pathology are done under the one spinal anaesthetic.

One other advantage of spinal injection over local injection in the operative field is, that your toxic agent is well away from the field and has no tendency to slough, as the various local anaesthetics sometimes do as in the case of an occasional circumcision producing a slough (due to the local action of the toxic agent or interference with blood vessels to the part) due to separation by distention of tissues from pressure of excessive quantity of anaesthetic solution, perhaps improperly injected.

Of the 487 cases about ten were emergencies, and it was decided that spinal injection would cause the least shock. Of this number two died on the table due to the pathology present and abnormal temperature. The first case was a

strangulated femoral hernia, of fifteen hours duration, a frail thin anemic man of sixty years, in poor shape, operated on as a last chance; the second, a man of fifty-seven years with ruptured bladder, with subnormal temperature and already in shock. The other eight were returned to the ward in better condition than when they entered the operating room. One case, a Mexican, who when opened proved to have a ruptured gangrenous appendix with general peritonitis was operated under spinal injection and he left the hospital in just sixteen days, walking and well. Another case of intestinal obstruction who vomited fecal material, over a pint, during operation and from which we just after the operation removed, with stomach tube, another quart of fecal material, would have aspirated this vomitus if he had had an inspiration anaesthetic. Another case of a woman with hemiplegia, an intermittent heart and Cheyn-Stokes breathing, and kidney complications, from the County Farm, had no bowel movement for eight days, and distended with gas to the bursting point, was saved by operation under spinal injection. In this case the patient was turned on her side and  $2\frac{1}{2}$  grains of tropacocaine was injected between the first and second lumbar vertebrae, then turned on her back, and incision made about nine inches long through four inches of fat and a turn and a half of the sigmoid released, which has dilated the bowel to a diameter of about five inches for a distance of five feet, the gas was removed by a colon tube, the distention disappeared and the abdomen closed as the bowel was not injured, and the patient made a good recovery.

The matter of headaches, we feel is influenced by the faulty technic of admission of air, due to a poorly fitted syringe to the head of the needle, or it is sometimes due to the loss of too much spinal fluid, which is not necessary. Spinal fluid taken on the wards of this hospital for Wassermann test frequently seem to show headaches two or three days later, on the theory that the removal of fluid alters the pressure in the cord and the ventricles of the brain, and causes a stimulation to secrete more fluid which is a slow process, and in three or four days there is a hyper-secretion of fluid, causing pressure, resulting in headache, which can be relieved by withdrawing a small amount of fluid, if found to be under more than normal pressure; or the conditions will right themselves in a few days so that the matter of keeping record of headaches has finally been abandoned and deemed unnecessary. In our rectal cases we usually move the bowels on the third day, at which time there is usually a more or less constipated stool, which frequently causes headache. Take an



ordinary individual, that is operated on for hemorrhoids for instance, probably never in an operating room before, and subject him to the ordinary pre-operative preparation of liquid supper, later a dose of castor oil and bowels flushed in the morning and no breakfast before operation and there are few patients that will not have an "all gone" feeling and have a headache or something worse the matter with them.

On the whole the headaches have seemed to be more of a circulatory origin, due to inactivity in bed and cold extremities etc., and these headaches can occur with any anaesthetic or with toxemia of any origin, so that headaches due solely to spinal injection are difficult to demonstrate since only a few drops are lost after diluting the tropacocaine crystals in the syringe for by drawing the spinal fluid into the syringe back and forth several times, the fluid in the syringe is all returned to the spinal column, and only the small amount left in the small calibered spinal needle fails to get again inside the dura mater.

Every patient that is anaesthetized is a law unto himself in his different makeup whether they have a general, local rectal or spinal anaesthetic. A toxic or anemic individual will take less, a strong hearty individual of either sex much more, and an alcoholic still more, to say nothing of morphine and cocaine addicts.

So we will have to gauge our spinal doses to suit the individual. My dosage of tropacocaine so far has been from one grain to two and a half grains. There does not seem to be much difference to the individual himself, outside of longer loss of pain sense, with the larger dose, and this has been born out by other investigators. The main thing is to be sure of your technic, know where your toxic agent is going to exert its influence, and protect the medulla by raising the head well, and be careful of extreme Trendelenburg position too long.

In my first twenty-five cases I had more or less indifferent results. One patient I could get the fluid well, the next there was difficulty in getting the fluid to flow well, and in about six cases due to changes in the spine or an extremely nervous patient ether was used instead. By studying a skeleton I decided to adopt the method of going to one side, instead of in the midline, in making the puncture as there is much more room; but you must calculate, so that when the point of the needle is in the tissues about two or two and a quarter inches, you are in the midline when you puncture the dura mater; otherwise you will go to one side of the spinal column and not enter the dura mater or else strike nothing but bone and

not be able to get in two and a quarter inches. A number of men still adhere to the midline puncture, and this is fairly easy to do if you are able to separate the lumbar spines sufficiently, but if you get a patient that will not arch the back well, the side puncture is preferable, also in punctures with patient too sick to sit up, the side method is easier on the patient, and you can still get the fluid which is the all important thing.

One old lady was operated on for varicose veins, for two hours, from a dose of two grains; she was a more or less toxic individual, with sluggish circulation and she took two or three cat naps on the table and even snored and her only complaint was that her legs felt numb and she could not move them. Just as the surgeon finished she drew his attention to a chronic perionychial abscess on her middle finger and when he injected her finger with a local anaesthetic, she fought him and nearly broke the needle off because it hurt, so the spinal injection must indeed have soothed her lower extremities for two hours at least.

I think with properly protecting our poor operative risks, before spinal injection, with supportive treatment, we can operate them with less risk, especially if heart, lung and kidney complications are present, and the operation is within the field of spinal analgesia, than with chloroform, ether or gas inspiration anaesthesia. The ordinary patient with fair resistance stands spinal injection well, and we do not usually give them either pre- or post-operative medication.

Having been impressed with the results we have been able to obtain in this hospital with this method for operative procedure, where the wide range of cases admits of ample comparison, and being in correspondence with other investigators at other points along this line, with similar agents, and different agents (as solutions), I feel that in presenting this rambling paper that I do so with an open mind, with a wish to know more, both by an extension of our efforts here, still further, namely to the field of obstetrics, with the idea of shortening protracted childbirth, especially in primiparas, with the hope of making the same more or less painless and of much shorter duration and the saving of many babies that might otherwise become asphyxiated on account of slow dilatation and relaxation of the parts.

It has been our conviction here that spinal injection was a more or less transitory poisonous influence upon the sensory nerve roots of the spinal cord and according to the dose, as one grain, the patient can be operated for forty-five minutes or thereabouts, and he will begin to feel the pain of the

operation and to move the toes from an hour and a half to two hours after the injection. The toxic principle is gradually disseminated or diffused in the vicinity of the injection, and later absorbed in the tissues, so that the operative time is limited with a small dose. The lymphatics and veins probably take up the toxic principle and elimination by the body is through the kidneys. I hope to give additional data later as more cases are observed and the cases can be followed up after they leave the hospital, but this takes more time than we have at our disposal at present. With the hope that this paper may benefit some of those with lesser opportunities, and that those with greater opportunities will discuss and criticise it, that we may all become more familiar with this interesting and valuable form of anaesthesia, its field, as indicated so far, its extension, its limitation and contraindications and peculiarities, this compilation has been made.

I will say in closing that novocaine works well in spinal injection but it is more amorphous and sticks to the glass ampule and 10% of the dose is thereby lost. It does not withstand as high a degree of sterilization as tropacocaine crystals do; and the latter are easier to deliver out of the glass ampule although they dissolve much more slowly. The tropacocaine however is 25% more toxic, therefore that much more potent, as the action on the cord is wholly toxic.

I think it is better to work with one drug and become acquainted with its possibilities and peculiarities, instead of experimenting with several. I prefer its use by the dry method as I have outlined.

## PULMONARY OEDEMA

C. O. Hansen, M. D., Pasadena, California.

Read before the Los Angeles Eclectic Medical Society.

Pulmonary Oedema is a secondary condition. A symptom as a result of some remote primary affection which usually presents itself in the form of congestion of the lung which is accompanied with dyspnoea, cyanosis, cold sweat, orthopnea, great anxiety, bubbling rales in either or both lungs, coughing a white frothy expectoration in the nature of a serum, slightly tinted with blood. Onset sudden, oppression in breathing owing to agitation of serum in the air cells; the expectoration frothy, not unlike the beaten white of an egg, and when coughed into a receptacle will remain in that frothy state. The quantity will run as high as a quart. Authorities tell us that Oedema of the lungs is caused as a result of

emphysema, nephritis, anaemia, purpura, cardiac disease, etc., but this is to a great degree theoretical as the case is remote; the diagnostitian will associate the affection with any abnormal condition patient might be afflicted with. The condition is very rare, text-books have very little to say about such a distressing affliction; I say distressing, it is most frightful to the sufferer, the lungs filled with froth, the patient experiencing the exact feeling of a person drowning. The affection is neurotic as it manifests itself suddenly. The first symptom being a lowering pulse pressure, anxiety, cold sweat, and oppression in breathing, presently the rales can be heard without aid of stethoscope or by placing the ear to the affected area.

Acute Oedema is recognized from asthma or other conditions affecting the lungs by the great quantity white, slightly tinted pink, frothy serum coughed from the lungs. Great difficulty in inhaling air owing to froth filled lungs while in asthma the difficulty is in expelling the air. The treatment as suggested by writers, so far on the subject, are of no value whatever. There is no remedy known which will cure the affection, but the recurrent attacks can be checked, which relief is of incalculable service to the person affected when in the agony of pulmonary Oedema. The following case is a typical one of Acute Pulmonary Oedema.

My father, age 72, retired physician, always very active in his profession. Family history negative. For 20 years had been afflicted with frequent attacks of renal sand usually in individual grains, on passing the colic was severe, afterwards slight hematuria, after attack had passed no further symptoms of any kind. Urinalysis showed sp. gr. 1020, light amber, acid, normal quantity, no albumen, no sugar. Skiagraph revealed ragged condition of left kidney. Systolic blood pressure 160. Slight arterio-sclerosis, not to any greater extent than might be expected of a man of his age. July 15, 1916, he was awakened from sound sleep by sense of oppression and uneasiness, great anxiety, cyanosis and cold sweat, immediately after these symptoms there were mucous rales in both lungs plainly heard without aid of ear to chest. Coughing enormous quantities of frothy serum with pronounced odor of blood. Pulse regular slightly weaker, great agony, cold perspiration upon head and feet damp. Continued in this condition for four hours when it gradually subsided. August 18, 1916, second attack, same symptoms. August 20, 1916, slight stroke apoplexy when he lost sense of reasoning to great extent. Could not read or write, but all other functions seemed normal. October 4, 1916, third attack of



Oedema was threatening when I dissolved 1/200 gr. Nitroglycerine, 1/300 gr. Atropine Sulp., 1/16 gr. Morphine Sulp. in a hypodermic syringe and injected subcutaneously into the arm; in fifteen minutes the attack was entirely relieved. He had hundreds of attacks since that date with the same hypodermic medication and almost instant relief. March 1st we decided climatic conditions in Long Beach were not favorable to my father's symptoms and we came to Pasadena; found in getting farther away from the ocean he did not have attacks so frequently, all of which demonstrated to me climatic conditions can be an etiological factor to Pulmonary Oedema. As a result of stroke of apoplexy August 20, 1916, the patient was a semi-invalid and the mortal fear of attack of Oedema, he kept me with him constantly. I presume the reason he wanted me with him constantly was because I had discovered the remedy to relieve his suffering when the attacks came on. Some authorities advocate bleeding, dry cupping, oxygen, all will consume time with no results. Every moment to the patient is frightful suffering and must have relief as soon as possible. The hypodermic medication never failed. During the nine and one-half months that we were in Pasadena Father had not more than six attacks of Oedema coming on which were relieved instantly. December 16th, after nights of insomnia, Father died from second stroke of apoplexy.

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The Secretary expresses the hope that every purchaser of a Liberty Bond will realize that the only genuine help that he gives his Government is keeping his bond as an investment so long as it is possible for him to do so. He states, however, that no just objection lies to the sale of a Liberty Bond where real necessity exists for its sale.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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O. C. WELBURN, A.M., M.D.  
Editor

D. MACLEAN, M.D.  
Associate Editor

P. M. WELBURN, A.B., M.D.  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

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A. F. STEPHENS, M. D., St. Louis, Mo.

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## THE NATIONAL MEETING

The next annual meeting of the National Eclectic Medical Association will be held in Detroit, Michigan, on June 18th and 19th. The officers are busily engaged on the program, and as they are experienced in this sort of thing, there is no doubt of their success. However, you owe it to yourself, gentle reader, that your name should appear on the "roll of honor," even if you can not arrange to be among those present. Think it over carefully—but not too long—and send in the title of your paper. It is time to get busy.

## A LUDICROUS DECISION

A most remarkable and far-reaching decision was recently made by the Supreme Court of Georgia. The decision was handed down in the case of Dr. C. L. Stahl versus C. W. Jordan. The doctor performed an operation on the defendant's child, but failed to save the patient's life, and for that reason the father refused to pay the doctor's bill. The court decided that, as the child died, the operation was of no ap-

parent benefit, and for that reason the father should not be compelled to pay the doctor's fee.

If this decision should be sustained it would have a very serious effect upon the medical profession, for it would establish a precedent to the effect that a physician cannot collect his fees unless he cures. Even in hopeless cases where the best medical skill can only expect to relieve pain and modify the patient's sufferings, the attending physician, under this decision, cannot collect any remuneration for his time and professional treatment, simply because he does not effect an impossible cure. This would turn the field of medical practice into a game of chance, with everything in favor of a dishonest patient, who, by claiming a failure to cure, would have nothing to pay.

It is almost inconceivable that any American court could have so far disregarded all sense of justice as to have handed down such an absurd decision, and an appeal to a higher court will no doubt result in its being reversed. There is no law which can cover any case in medicine except that requiring that the physician shall give the best of his skill and medical knowledge, based on scientific study and practical experiment, to every patient who applies to him for medical treatment. If the patient's condition is such as to make a cure impossible, that does not detract from the fact that the doctor's time must be expended, and that this time and skill should receive a suitable remuneration.

—J. W. F., in Eclectic Review.

## ALPHA AND OMEGA

### Alpha

Night. Silence. A struggle for the light.

And he did not know what light was. An effort to cry: And he did not know that he had a voice.

He opened his eyes "and there was light."

He had never used his eyes before, but he could see with them.

He parted his lips and hailed this world with a cry for help.

A tiny craft in sight of new shores; he wanted his latitude and longitude. He could not tell from what port he had cleared; he did not know where he was. He had no reckoning, no chart, no pilot.

He did not know the language of the planet upon which Providence had cast him. So he saluted them in the one universal speech of God's creatures—a cry. Everybody, every one of God's children, understands that.



Nobody knew when he came. Some one said: "He came from heaven." They did not even know the name of the little life that came throbbing out of the darkness into the light. They had only said: "If it should be a girl."

And the baby himself knew as little about it as did the learned people gathered to welcome him. He heard them speak. He had never used his ears until now, but he could hear them. "A good cry," some one said. He did not understand, but he kept on crying.

Possibly he had never entertained any conception of the world into whose citizenship he was now received, but evidently he did not like it. The noises of it were harsh to his sensitive nerves. There was a man's voice—the doctor's, strong and reassuring. And one was a mother's voice. There was none other like it. It was the first music he had heard in this world. And the sweetest.

By and by somebody laughed softly and said, in coaxing tones:

"There—there—there—give him his dinner."

His face was laid close against the fount of life, warm and white and tender. Nobody told him what to do. Nobody taught him. He knew. Placed suddenly on the guest list of this changing old caravansary, he knew his way at once to two places—his bedroom and the dining room.

He looked young, but made himself at home with the easy assurance of an old traveler. Knew the best room in the house, demanded it, and got it. Nestled into his mother's arms as though he had been measured for them.

Found that "gracious hollow that God made" in his mother's shoulder that fit his head as pillows of down never could. Cried when they took him away from it when he was a tiny baby "with no language but a cry."

Cried once again, twenty-five or thirty years afterward, when God took it away from him. All the languages he had learned, and all the elegant phrasing the colleges had taught him, could not then voice the sorrow of his heart so well as the tears he tried to check.

Poor little baby! Had to go to school the first day he got here. He had to begin his lessons at once. God praised when he learned them. God punished when he missed them.

Bit his own toes and cried when he learned there was pain in this world. Studied the subject forty years before he learned how many more ways suffering can be self-inflicted.

Reached for the moon and cried because he couldn't get it. Reached for the candle and cried because he could. First lesson in mensuration. Took him fifty or sixty years of hard



reading to learn why God put so many beautiful things out of our longing reach.

By and by he learned to laugh. That came later than some of the other things—much later than crying. It is a higher accomplishment. It is much harder to learn and much harder to do. He never cried unless he wished and felt just like it. But he learned to laugh many, many times when he wanted to cry.

Grew so he could laugh with a heart so full of tears they glistened in his eyes. Then people praised his laughter most—"it was in his very eyes," they said.

Laughed, one baby day, to see the motes dance in the sunshine. Laughed at them once again, though not quite so cheerily, many years later, when he discovered they were only motes.

Cried, one baby day, when he was tired of play and wanted to be lifted in the mother arms and sung to sleep. Cried again one day when his hair was white because he was tired of work and wanted to be lifted in the arm of God and hushed to rest.

Wished half his life that he was a man. Then he turned around and wished all the rest of it that he was a boy.

Seeing, hearing, playing, working, resting, believing, suffering and loving, all his life long he kept on learning the same things he began to study when he was a baby.

### Omega

Until at last, when he had learned all his lessons and school was out, somebody lifted him, just as they had done at first. Darkened was the room and quiet now, as it had been then. Other people stood about him, very like the people who stood there at that other time.

There was a doctor now, as then; only this doctor wore a grave look and carried a book in his hand. There was a man's voice—the doctor's, strong and reassuring. There was a woman's voice, low and comforting.

The mother's voice had passed into silence. But that was the one he could most distinctly hear. The others he heard, as he heard voices like them years ago. He could not then understand what they said; he did not understand them now.

He parted his lips again, but all his school-acquired wealth of many-syllabled eloquence, all this dear, lucid phrasing, had gone back to the old inarticulate cry.

Somebody at his bedside wept. Tears now as then. But now they were not from his eyes.

Then some one bending over him said: "He came from

heaven." Now some one, stooping above him, said: "He has gone to heaven." This blessed, unfaltering faith that welcomed him, now bade him godspeed, just as loving and trusting as ever, one unchanging thing in this world of change.

So the baby had walked in a little circle after all, as all men, lost in a great wilderness, are said always to do.

As it was written thousands of years ago: "The dove found no rest for the sole of her foot, and she returned unto him in the ark."

He felt weary now, as he was tired then. By and by, having then for the first time opened his eyes, now for the last time he closed them. And so, as one who in the gathering darkness retraces his steps by a half-remembered path, much in the same way as he had come into this world he went out of it.

—Robert Burdette, in *Medical Brief*.

## UNTOWARD INFLUENCES OF THE SALICYLATES

One of the most important subjects which can be studied by the practical physician is that which deals with the undesirable influence which may be exercised by drugs when they are administered for the purpose of removing certain symptoms, or curing certain conditions of disease. Unfortunately, practically every known drug has side effects even when it possesses considerable specific action, and because of idiosyncrasy, or because of the existence of certain changes in the functions, or the organic constitution of organs, by disease, these side effects may become dominant. In some instances the contraindications to the administration of an otherwise useful remedy may be so great as to absolutely prohibit its employment. Thus, where there is acute or subacute disease in the middle ear the administration of full doses of quinine may result not only in temporary but permanent impairment of hearing. A large number of instances might be cited illustrative of these facts. For these reasons investigations directed to the study of the side or untoward effect of drugs are always of interest and importance.

Two studies, one upon animals and one upon man, have recently been made by Hanzlik and Karsner, upon the changes in the kidneys which are induced by the administration of the salicylates in animals and persons whose kidneys are supposed to be normal, and in those in whom the kidneys were known to be diseased. They cite a good deal of the literature dealing with this important subject, and, from their studies in animals, express the belief that the equivalent of full therapeutic doses to human beings when given to dogs, cats and

rabbits causes the appearance of albumin, leucocytes, casts, or cast-like bodies, and sometimes red blood-corpuscles in the urine, that a pre-existing albuminuria is aggravated by the administration of the salicylates, and that this albuminuria has a direct renal origin, or, in other words, is due to influence of the drug upon the renal parenchyma. Changes in the non-protein nitrogen and urea of the blood would also seem to indicate that there is a diminution in renal functional efficiency, while microscopic lesions may be found in the kidneys, varying from simple cloudy swelling of the epithelium of the proximal convoluted tubules to extensive cloudy swellings of all the cortical portions of the tubules, associated with an acute glomerulitis, or, in other words, an acute tubular nephritis.

In connection with their investigations upon human beings they reached conclusions which are practically identical save that they did not make any report upon the microscopical examination of the kidneys. They believe that the findings in the urine of normal, rheumatic, non-rheumatic, febrile and afebrile persons are identical with those found in animals. They found that there was an increase in the non-protein and urea nitrogen of the blood, and the phenolsulphonephthalein excretion in human beings receiving the salicylates in what they called the "toxic dose" is retarded.

They do not believe that the administration of bicarbonate of sodium with the salicylates diminishes the evil influence of salicylates upon the kidneys. So far as we know, this is not the purpose for which bicarbonate is commonly administered. It is used rather to diminish the irritating effects of the salicylates upon the stomach, or to aid in the elimination of salicyluric acid, or, possibly, the poisons produced by the rheumatic infection.

While these investigations, if too seriously considered, might make physicians unduly timid in regard to the administration of the salicylates, nevertheless the fact that these changes are induced serves as a word of caution.

The doses administered to human beings, so-called toxic doses, were administered in the form of sodium salicylate expressed as salicylic acid, and varied from three to five drachms. The method of administration consisted in giving 20 Cc. of a ten-per-cent solution of salicylate of sodium with 80 Cc. of water every hour until the subject complained of the well-known symptoms of toxicity. These doses are, of course, larger than are commonly employed. After this the drug was stopped, but the water was continued in the dose of 200 Cc. every two hours until no more salicylic acid appeared in the urine.—Editor Therapeutic Gazette.



## NEWS ITEMS

Dr. A. G. Smith has removed from Fairgrounds, Oregon, to Dennison Apartments, Belmont Street, Portland, Oregon.

Dr. and Mrs. John R. Buckingham, Big Pine, California, were in Los Angeles on their wedding journey the latter part of January. Dr. Buckingham reported for active service on Feb. 1st. The Journal extends congratulations to the Lieutenant and his bride and wishes them all kinds of good luck.

Dr. Q. A. R. Holton, Whittier, has been a frequent visitor at the Westlake Hospital where his daughter is convalescing following an operation for appendicitis.

Dr. I. Woodin, Independence, was in the city last month when he brought an accident case to The Westlake Hospital.

Dr. Harvey Crook, formerly of Long Beach, has moved to Big Pine and taken the location made vacant by Dr. Buckingham.

Dr. Oran Newton has moved from Long Beach to Taft, California, where his address is Box 693. He purchased the practice of a physician who has gone into the army.

Dr. John A. Sasso was the unfortunate victim of a peculiar accident on Feb. 12th. The Doctor, while walking along Broadway, Los Angeles, was knocked through a plate glass window when a large automobile was run on to the sidewalk. He is at The Westlake Hospital suffering from a compound fracture of the right femur and comminuted fractures of both tibias and fibulas, also a number of scalp wounds caused by glass.

The last meeting of the Los Angeles Eclectic Medical Society was held at the residence of Dr. J. A. Munk and was well attended. Dr. Hansen, of Pasadena, read a very interesting paper and supplemented it with many pertinent remarks. The paper is printed elsewhere in this Journal.

Dr. H. V. Brown, Los Angeles, was host at a dinner party last month in honor of Dr. Phillips of Santa Cruz and Dr. Pinkham of San Francisco, who were in Los Angeles attending the meeting of the California Board of Medical Examiners.

Jacob Franklin Lewis, M. D., Little Rock, Arkansas, Eclectic Medical Institute, Cincinnati, 1872; Bennett Eclectic Medical College, Chicago, 1880; aged 64; a member of the State Board of Medical Examiners of Kansas in 1879, of the Kansas State Board of Health in 1889, and of the Arkansas State Board of Health in 1908; past president and secretary of the Arkansas Eclectic Medical Society; was found dead from heart disease in his office, January 24.



# The California Eclectic Medical Journal

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Vol. XXXIX

APRIL, 1918

No. 4

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♣ Original Contributions ♣

## HYDROTHERAPY IN TYPHOID FEVER

Frederick W. West, M. D., Los Angeles

Read before the Southern California Eclectic Medical Ass'n.

There is not, perhaps, a single disease common to man which causes the physician more anxiety than that of Typhoid Fever. With its many and varied complications the question is ever before him, what shall he do to meet these emergencies? Doubtless the answer to this question would be many and varied.

It will not be my purpose, however, to attempt any general medical outline of treatment but to touch upon one phase of it only. A moment's reflection over the many articles that constantly appear in the medical journals almost leads one to think that the medical profession is forever looking for cure, but never finding it, seeking perhaps in the remote corners of the earth for remedies or else in the realms of the benzine ring for synthetic preparations, when, if they would look down to their very feet they would find one of the most valuable remedies, **Water**. Water has been used as a remedial agent since history began, but it took Currie, Fleury, Brand, Priessnitz, Wirtenitz and others of recent years to bring it to the front and put it upon a scientific basis, where it now plays the largest part in treatment among our sanitariums. Water is not a cure-all, but nevertheless it is a valuable adjunct to medicine, and if applied along scientific lines astonishing results will be obtained.

Hydrotherapy came into prominence in the treatment of Typhoid Fever when Brand and his followers employed this means of treating fevers. He reduced typhoid mortality won-

derfully, in one series of 1200 cases only 12 died or less than 1%. In another series of 5000 less than 4% died.

Brand's method consisted of emerging the patient in a cold full tub bath at a temperature of 65 to 70 deg. for 10 to 20 minutes and vigorously rubbing the limbs and body while emerged repeating the treatment at intervals of two to four hours, according to rise in temperature. Reduction in temperature was from  $\frac{1}{2}$  to 3 deg. Emerging the patient in a bath of this temperature, however, is rather shocking and the treatment has been modified considerably with better results.

In the study of the individual cases we must consider in each case what are all the therapeutic indications present or likely to be present in the case in hand. This may be found by studying, first the etiological, secondly the pathological, and thirdly the clinical symptoms, complications, etc.

**Etiological indications:** There should be a prevention of further introduction of bacteria by boiling all drinking water or administering only distilled or other water known to be free from micro-organisms.

**Pathological indications:** To combat the local morbid process in the intestine all foods of a solid nature or food that furnishes a favorable nutrient media should be withheld.

Local and general vital resistance must be increased and maintained, the heart and blood vessels energized to facilitate general blood movement. To increase local resistance of bowel apply a cold compress 55 to 70 deg. F., changing every 10 to 20 minutes, rubbing the surface until red whenever changing the compress or alternate with a hot fomentation occasionally. The compress should be applied throughout the course of the disease. Local pain and congestion may be relieved by applying fomentations to the abdomen or a hot trunk pack for ten minutes every three hours, care should be taken to see that both hands and feet are kept warm. In place of the cold compress a rubber tube coil of sufficient size may be employed to keep the abdomen cool. Two vessels of three to five gallons capacity are placed, one above the level of the patient and the other upon the floor. Cold water at from 50 to 75 deg. is allowed to flow slowly from the higher to the lower level, temperature is maintained in the can by adding ice occasionally. The coil should be replaced by a hot fomentation every 30 minutes for three minutes. To increase and sustain vital resistance there may be employed the cold wet sheet pack of about 60 deg. renewing two or three times as indicated. This energizes in general and encourages heat elimination. The graduated bath is perhaps the best form of a general bath for reduction of temperature. It should be started at a tempera-

ture of 98 and gradually reduced to 80, depending upon the ability of the patient to react, friction of the surface being kept up meanwhile; the bath should last about 30 minutes. The marked advantage of this procedure is that it produces a much less degree of thermic reaction, greatly increases heat elimination and can be managed in such a way to avoid shock. Bath may be given two or three times daily. Cold mitten friction and cold towel rubs are excellent agents for stimulation and easily administered, the temperature ranging from 60 to 40 deg., the treatment repeated every two to four hours. The cold enema should be employed from 80 to 60 deg; it ensures a washing of the bowel and absorption of heat. For stimulation and tonic effects upon the general circulatory system the heart may be strengthened by applying the ice bag to the precordial region for 15 to 30 minutes at two hour intervals. Such applications as the cold mitten and cold towel rubs or cold sheet pack stimulate the peripheral circulation. The main feature to be always remembered is that cold is a vital depressant and heat excitant, and that if the physiological effects are carried too far either way will cause temporary paralysis of the vasomotors and thus destroy the desired results.

**Clinical indications:** The indications presented by the leading symptoms are as follows: Headache, cold compress 40 to 60 deg. to the head or face, the ice collar, or ice compress, to the neck, the applications of heat and cold may be alternated, one at the back of the neck and the other on the forehead. Hot water bottles may be used in place of cloths, also the rubber coil may be made to fit the head and used in the same manner as on the abdomen. At other times sponging neck and forehead with hot water will give relief. When bronchial conditions develop fomentations applied to the chest about every three hours relieve the cough, during the intervals a heating compress should be applied. Constipation may be relieved by copious enema of 95 deg. twice daily. Diarrhea, a coloclyster 95 deg. following every movement of the bowels, hot enema three pints 105 deg. followed by one pint of cold water at 70 deg. Tympanities, very hot fomentations for five minutes followed by cold compress alternating every one-half or one hour. High enemas of 75 deg. relieve gas. Fever may be handled by resorting to the cooling pack, graduated bath, Brand bath, cold mitten friction, cold towel rubs or cold enemas at stated intervals according to rise in temperature. A high temperature with hot dry skin calls for any of the cold applications above mentioned. When high temperature is accompanied by a cold skin or cyanosis such measures as the



hot blanket pack or hot tub baths should be given first to bring the blood to the surface, then if needed cold applications can be given. For delirium such measures as the ice cap, ice collar, alternate sponging or cold compress to upper spine, prolonged tepid bath 85 deg. (1 to 4 hours), cooling packs three to five changes, and hot foot baths should be used. When gastric irritation is present large fomentations over the stomach or around the body for twenty minutes at a time relieves the irritation. The cold compress should be applied during the intervals until the pain has subsided. This treatment also may be applied to inflammatory conditions of the biliary or splenic systems. Cardiac failure calls for local cold applications to the precordium together with general cold applications such as cold friction or towel rubs, but such severe measures as the Brand bath should be avoided at this time. Where myoendo—or pericardial inflammation exists, hot fomentations for five minutes should be applied to the precardial region alternated by hourly intervals with cold compresses. Where intestinal hemorrhage develops very cold compresses should be applied continuously, but alternated every one-half hour with hot fomentations. Hot leg packs or hot foot baths help to divert the blood from the abdominal cavity. When nephritic complications arise hot blanket packs continued to vigorous perspiration repeating every three or four hours. Hot fomentations should be applied to small of the back at least one half of the time between the blanket packs and alternated with the heating compress. There are other complications that may appear during the disease or during convalescence, but a general idea may be gleaned from the foregoing treatment as to how to meet these emergencies. After the patient is convalescing these general tonic measures should be continued for some two or three months, thus insuring him a good recovery without any likely backset.

## INDICATIONS FOR CESARION SECTION

Dr. O. C. Welbourn, Los Angeles

Read before the California State Eclectic Medical Society.

Cesarian section is a serious operation and should not be entered into rashly. The pros and cons must be carefully and conscientiously weighed for there are two lives at stake as well as the physician's reputation. It is generally conceded that the life of the mother is of greater importance than that of the child; but there may be good and sufficient reasons to equal-



ize or even reverse this rule. Therefore each case should be considered upon its merits.

The indications for cesarian section are divided into absolute and relative, and may be stated as follows:

#### **Absolute Indications**

1. Impossibility of delivering the fetus even after embryotomy has been performed, caused by a disproportion between size of birth canal and size of fetus. Such conditions may be a deformed and contracted pelvis or an over-grown fetus.

2. Pathological conditions of the mother blocking the parturient canal and impossible of removal, caused by uterine and ovarian tumors, stenosis of cervix or vagina, inflammatory pelvic exudates and malignant disease. In the presence of any one of the above conditions a cesarian section is a necessity and should be performed at the earliest possible hour consistent with whatever preparations it is practical to make in a given case.

#### **Relative Indications**

1. Impossibility of delivery without grave injury to mother or fetus, caused by disproportion between the size of the birth canal and size of the fetus, or by mal-position of the fetus.

2. Pathological conditions of the soft parts of the mother producing obstruction in the parturient canal, the removal of which is equally hazardous with cesarian section; caused by tumors, exudates, or stenoses.

3. Eclampsia in the early stage of labor with membranes unruptured and patient in a critical condition.

4. Malpositions of the placenta, such as placenta previa centralis or a detached placenta with marked hemorrhage.

In each and all of the above named relative indications a cesarian section is preferable over any other procedure if the conditions in the particular case are favorable. And, the conditions are favorable in so far as the following requirements can be successfully met.

1. Asepsis is a prime necessity prior to this operation. Has the patient a prior infection of the genital tract or on the body near the field of operation? Has the patient been infected by a careless examiner, or by dirty surroundings? Have the membranes ruptured? Is the uterus already infected? In the presence of an active infection a cesarian section is contra-indicated.

2. Asepsis is a necessity not only during the operation, but also during the post-operative care. Can asepsis be maintained when attained? Are the surroundings such that it is possible

to perform an aseptic major operation? And after the completion of a successful operation can infection be prevented, and the patient carried through the convalescent period?

3. The condition of the patient. Assuming that the patient is free from sepsis, what is her physical condition? Has she any chronic disease? Has she been exhausted by many hours of suffering, and possibly on the verge of collapse?

4. A reasonable skill in the operator and his various assistants is required. Each should have skill in his particular task and experience with each other so that the work of all will co-ordinate. Team work it is called.

When all of the above requirements are present success is assured, because it is a typical case. In the presence of an infection great judgment and skill are required of the operator to decide what operation should be performed. Generally speaking cesarian section is not advisable. With infection absent but surroundings bad the difficulties are many, but not insurmountable. Eternal vigilance may avoid the many pitfalls. When the patient is in a poor condition much can be done to carry her through the operation and skillful post-operative case is a necessity. In the most favorable cases the mortality from cesarian section should be not over one per cent. But we rarely meet such cases and not infrequently the operator fights a losing fight or gives it up before he begins.

## A CASE HISTORY

V. Millasich, M. D., Galveston, Texas.

On the 9th day of August, 1917, Mr. H. B. S. came into my office and after introducing himself said that he had been recommended to me about two years ago, but from some reason or other never came. About a month ago he had been recommended to me again and was on the way to my office when some pseudo friend met him on the street and advised him to go to The Mineral Wells (a health resort here in Texas), and said that he would get well there. He went and stayed one month exactly, and now he was worse than before he went. So now he had come to me after all.

Subjective history of the case: Patient had been suffering with stomach for last twenty years, and had had to lose several good positions on its account during that time. Went to different doctors and summer resorts, springs, etc., and during all that time never had a week of perfect rest, but continuous and endless misery. Could hold nothing on his

stomach but tea made of beef extract. Milk soured and in a few minutes would vomit curds like cheese. Had continuous pain in the pit of the stomach, especially severe if food was taken, relief only after vomiting. When the pain was especially severe it radiated downward to both sides, but more to the right. Stool small and white. Continually dizzy and seldom without headache.

Objective signs: The man's expression was anxious, face puffed and the color of clay; breathing short and shallow. Abdomen large and swollen as if containing ascitic fluid.

Physical examination: I placed the patient on the examination table with abdomen exposed and proceeded. I placed my hand on the abdomen and pressed lightly in the epigastric region which caused him great pain. I went over the abdomen as carefully as I could, then found the ascites.

His liver was atrophied, could hardly be felt under the edge of the ribs. Pain radiated downward and to both sides, but more to the right, in the region of the seventh and tenth ribs. The physiognomy was that of carcinoma and ulceration both, but on the subjective history both were excluded. His tongue was small, dry and contracted with yellowish color extending from the tip and sides to brown in the center, there was slight coating in the center of the tongue which resembled tobacco juice, but the man did not chew tobacco; edges of tongue violet color.

Urinalysis: Urine slightly acid, sp. gr. 1.014, no sugar, but slight trace of albumen.

Diagnosis: Gastrodynia, complicated with hepatic atrophy—the latter being the cause of the ascites.

To have made an analysis of the stomach contents after a test meal would have taken at least three days, but being an Eclectic I went after him in an Eclectic manner looking at his countenance, his expression, his physical as well as his physiological signs and his tongue included. I then prescribed for his presenting symptoms and the conditions according to Scudder's Diagnosis, the only difference being that Dr. Scudder was a mono- and I am a poly-pharmacist.

August 9, 1917.—My first prescription was as follows: Tr. Opii zlss, Sp. Chionanthus zii, Sp. Piscidia ziii, Lac Bismo Harts Qs. oz. iii. Sig zi every hour until pain ceases or for three hours, then as required. I ordered Mg. Sulp. oz i after the bowels started moving. Beef bouillon ad libitum during the day. When the bowels were cleaned out change to buttermilk or whole milk and hot water equal parts every three hours oz. vl. Also one slice of toasted bread three times a day in warm bouillon, if agreeable.



August 11.—Man returned to my office with hardly any pain, having taken beef bouillon, buttermilk and bread without any bad effects, feeling more cheerful and in better spirits. This time I added to the above prescription *Sp. Iris* z℥. Now I ordered soft diet; milk, soft boiled eggs, one three times a day, and one slice of well-toasted bread in milk or bouillon. To be continued until his next visit if no bad effects.

August 13.—Patient returned to the office with color in his face saying that he was feeling better than he had for some time, as he had no pain. His color and countenance were brighter and he felt more cheerful. Bowels acting without any assistance, sleeping better than any time in the past ten years.

August 17.—Returned to the office feeling fine, no pain at all, appetite returning. Rx *Tr. Opii* ziss, *Chionanthus* zii, *Piscidia* ziii, *Iris* zi. *Hydrastis* gtt. xx, *Lac Bismo* Harts qs. oz. iii. Sig zi every two hours. Diet same as before, only increasing gradually, being careful not to over-eat.

August 20.—Medicine ordered refilled. Now I started with electricity on the abdomen, positive on the abdomen, negative on the spine, galvanic and faradic combined, in conjunction with vibrator, for ten minutes. This helped to restore the circulation and the nerve action, also to promote the absorption of the ascitic fluid in the abdominal cavity. I gave him electrical treatments every three days and upon his return after each treatment he looked better and said he felt better.

August 23.—Patient still had some fluid in the abdominal cavity. I changed my prescription to *Sp. Elaterium* zi, *Sp. Sambucus* ziii, *Apocynum* zss, *Cactus* zss, *Elixir Symplex* qs oz iii. Sig. zi in a little water every two hours. In three days ascitic fluid disappeared, also puffiness from the face.

August 26.—Same prescription ordered refilled. Patient continuing to improve, abdomen all normal, but now the patient had a new complaint, saying that his clothes were too big; for this I prescribed a visit to the tailor.

August 30.—Same prescription as above, except that I added *Sp. Hydrastis* zss. *Elixir Symplex* qs. ʒ iii. Teaspoonful every three hours. Diet increased, appetite normal, cheeks rosy, and feeling like a new man. Continued treatment until September 15.

The man's age is 55 years, but he has been suffering from sexual neuresthenia, and now I am treating him for that, and he is improving. When I get through with him, or he with me, he will be a new man.



## THE PHARMACAL FIELD

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

Take your old files of the Eclectic Medical Journal (Cincinnati) and turn to the year 1874. There, page 551, you will find a paper from my pen, subject, "To What Do Our Medicinal Plants Owe Their Value?" which I now re-read with much interest. It might well bear reproduction in print, although, were I now writing it, I should state some things a little differently.

An interval of twenty-five years has passed since that article was written, and this time has been mostly spent by me in work that keeps my mind connected with the study of the medicines made of plants. I have met with many disappointments in theory and many curious experiences of fact, but, as a general result, I am strengthened in my opinion to the effect that medicinal agents are not always what we expect, and are seldom, if ever, ready created in nature as man desires to use them. True it is that the crude herbs carry medicinal qualities, but they also carry other materials besides remedial agents, some of these innocuous but burdensome; some of them harmless in themselves, but susceptible of alterations that subsequently prove injurious to the remedial constituents; some of them antagonistic to the uses the physician wishes to make of the part of the drug that he finds curative.

Thus, in many cathartic drugs, we find antagonistic astringents, which, however, if present in certain proportions, are useful as modifiers; in many cases we find associated alkaloids which are very different in action, and in all we find much gum, sugar, starch, chlorophyll, woody matter, etc., which are of no value and may even prove injurious.

The idea that now dominates many pharmacists is that of abstracting one dominant principle from the plant and using that constituent. To this, as is well known, I object (unless the fragment stands alone), believing that one constituent of a drug is seldom, if ever, the same as the drug, if its useful constituents be balanced properly in a liquid preparation. Another scheme which is the base of the principle of making extracts is to abstract from a drug all the constituents a given menstruum will take out of it; to which scheme, on account of its crudeness, I also object, although it is better, perhaps, than that of disorganizing the drug completely by chemical means.

The first of these two methods loses to the physician the

modifying or qualifying action of one or more associated constituents of compounds, while the second encumbers his preparation with all the useless materials that the drug will give to an alcoholic or other menstruum.

But, my friends, while we can thus reason concerning the general facts in the case, it is not so easy to overcome the perplexing problems that confront us when we step into nature's field. It is shown by my own experience that a lifetime may be worn out to little effect in this search into nature's secrets, and I freely admit that after continuous thought and experimentation, many problems concerning Eclectic medicines that have perplexed me since the work began, and have since been persistently prosecuted, are as much problems today as when I commenced to work in this field.

But this is not what I started to say. I intended to repeat that my opinion, voiced twenty-five years ago, is strengthened to the effect that our roots, herbs and barks demand careful and individual study, beginning with the live plant, for they are exceedingly crude when considered as remedial agents, as prepared by nature for nature's purposes.

The question arises, what does this study of drugs demand of him who enters the field? I would answer, the liberation of thought, the uplifting of mind, the casting aside of prejudice, the attempt to escape from ruts that enslave the ideas, and in being prepared to discover that much which one believes, without a question, may be based on false views and erroneous conditions. In other words, the study of facts, as facts appear, may be a study of reflections and not of objects. The student in this field must be ever ready to relinquish the errors of previous authority, even though that authority be one's own self.

To go a step further, my experience has been that a drug constituent may be useful in one place and harmful in another, and yet it may require a lifetime of experimentation and the expenditure of a small fortune to determine just where it is useful and where it is objectionable. I also learned that a proximate constituent may be physiologically active, and even be the conspicuous physiological constituent of a drug, and yet, for a particular use to which physicians desire to put a preparation of the drug, may be actually harmful. The dominating constituent may cover and mask others, which, were it lessened in amount, or abstracted entirely, would leave a remedy invaluable for affections that never can be reached while that overtopping objectionable constituent is present.

For this reason, while assay processes can determine the question as to whether an official pharmaceutical preparation

is a fair representative of a drug as concerns some one poisonous or chemically active constituent, such a process will not determine the value of an unofficial preparation in therapy where it is perhaps desirable to not only lessen the proportion of an agent, but even eliminate it altogether. Thus, the assay of official podophyllum fluid extract should yield a certain amount of resin of podophyllum, which is the active cathartic principle of that drug, but for the alterative value of the drug, as exemplified by the late Professor Scudder thirty years ago, the resin is not only useless but objectionable. This example could be enlarged upon, but it illustrates how it is that a study of drugs in connection with particular symptoms may render it not only desirable to balance certain natural constituents, but may even show that when the dominant poison or chemically active principle is removed, the remaining principles possess a specific value that can never be determined by administering the crude percolate or tincture.

But to determine just how to produce such a balanced preparation, and to eliminate the objectionable constituent from its useful associates requires years of close work in connection with associated therapeutical experimentation that extends over a great period. The expense and labor in a single case is often enormous, and may be compared to the labor and expense of the evolution that we find in any branch of science or arts, which, by persistent thought and work, heralds results of great value to mankind.

A single example, well known to all of my Eclectic readers, will suffice to point to this fact. It took me fifteen years to perceive that the colored constituents of hydrastis were worse than useless in the treatment of certain cases in which Dr. King wished to use hydrastis. It required many years to discover just which of the several constituents of the drug he desired to have associated together, and which excluded, and how best to do this. The study of the nature and the proportion of these constituents best fitted to accomplish his object, was in itself a problem, and its presentation produced finally an unofficial preparation that is empirical to the highest degree, in that the struggle towards its final composition began over twenty years ago, and has been carried on step by step experimentally ever since. To this it may be added that the valuable constituents of hydrastis preparations used for other purposes by the physician are either excluded altogether or nearly so from this one, and that the final product bears no mathematical relationship to the associated constituents of the natural drugs, nor should they in the direction Professor King desired to use it. Take this drug as an ex-



ample. Not only does nature never make any two lots of this root identical, but the conspicuous constituents that are valued for one class of diseases are harmful where Professor King wished to use the drug, and hence the preparation, to do its best work, must be correctly balanced, both as to the presence of desirable constituents and such others as modify or disturb them.

But such experimentations take time and money, as all pharmacists discover. They require patience, and they bring constant disappointments. They must be run in systematic parallels, many being carried on simultaneously, else a man would have to live a thousand years in order to study a few drugs. Such researches and the attendant disappointments lead the searcher finally to an understanding of conditions that teach him how insignificant he may be in the face of this great unknown. It tends to make him respect authority for the helpful errors of authority, and to have charity for the enthusiastic self-confidence of men who step into this great field with magnified opinions of themselves, as they lean on authority that he appreciates is surrounded by untouched fields and is closely bound to error.

This study of galenical drugs I say again, as I wrote twenty-five years ago, and venture to repeat, is a mighty work. No man who runs a pharmacal hobby can long hold that hobby and work it conscientiously unless that hobby be the thought that man is very small, and the field about infinitely great. Let me close by saying that I would not write this personal communication to others than the readers of a journal with which I have been in close touch for many, many years, and by whom I feel that a voiced reverie such as this, will be as kindly taken, as though we sat together and talked over matters in common that have long concerned us. Nor would I write it were I not in hopes that it might command the attention of some men who feel that medicine is perfect, and consider the pharmacal field a place for superficial thought.

### THE GREAT DUTY

As we go about our daily tasks in peace and safety men are dying every minute on the battlefields of Europe to save civilization. Our own gallant soldiers are shedding their blood in France and our sailors engulfed in the waters of the Atlantic as they go in defense of America's rights and honor.

Upon our performance of the work committed to us depend the lives of thousands of men and women, the fate of many nations, the preservation of civilization and humanity itself; and the more efficient and prompt we people of America



are in doing our part, the more quickly will this war come to an end and the greater the number of our soldiers and sailors who will be saved from death and suffering, and the greater number of the people of other nations released from bondage and saved from death.

To work, to save, to economize, to give financial support to the Government is a duty of the Nation and to the world, and it is especially a duty to our fighting men who on land and sea are offering their lives for their country and their countrymen.

### THE LIBERTY LOAN HONOR FLAG

A new and distinctive feature will be introduced in the Third Liberty Loan campaign, and every city or town in the country which subscribes more than its quota of Liberty Bonds will be awarded by the Treasury Department an Honor Flag.

The flag will be 36 inches wide and 54 inches long. The body of the flag will be white with a broad red border, and three broad blue vertical stripes denoting the Third Loan. The flags, which will be of the same quality as the flags of the navy, are already being manufactured and will be awarded as fast as the right to fly them is won. Though awarded by the Terasury Department, they will be distributed by the Liberty Loan committees of the different districts.

There will also be a National Honor Flag for each State, to be flown at the state capitol, with the name of each town winning a flag inscribed upon it. There will be also preserved in the United States Treasury a National Honor Flag, with the record of east state recorded on it.

Stars, to be placed on the flag of each city or town doubling its quota, will be also awarded, and an additional star for each time the quota is doubled.

An Honor Roll, containing the names of all subscribers, but not the amount of the individual subscriptions, will be kept in each community. A window card, bearing a representation of the Honor Flag, will be given each subscriber to the loan, to be displayed at the home or place of business.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBOURN, A.M., M.D.**  
Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBOURN, A.B., M.D.**  
Assistant Editor

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## SPECIAL CONTRIBUTORS:

**JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.**

**J. W. FYFE, M. D., Saugatuck, Conn.**

**WM. P. BEST, M. D., Indianapolis, Ind.**

**FINLEY ELLINGWOOD, M. D., Chicago, Ill.**

**HARVEY W. FELTER, M. D., Cincinnati, Ohio.**

**J. B. MITCHELL, M. D., San Francisco.**

**A. F. STEPHENS, M. D., St. Louis, Mo.**

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## SOMETHING DOING

People who are sick want something done and usually they want it done right away. Particularly is this true if the patient be a novice at being sick. Such a man may put on a brave front, but down in his inmost soul he believes that he is going to die. And as the average person does not want to die he sends for the individual whom he believes can prevent this catastrophe. Said individual may be a healer of the common garden variety known as an M. D. or he may be one of the varieties with a natural habitat in the Orient, the fact remains, however, that the patient expects something to be done for his relief. It may be impossible, but it is possible to find one or more parts of his physical machinery that are complaining and to immediately set about rectifying the wrong. Such a course appeals to the patient, and if the in-the-way members of the family are set something to do also, oil is indeed poured upon the troubled waters.

## RELIGION AND PSYCHIATRY

W. W. Young, M. D., Atlanta, Ga.

"Man is incurably religious." Throughout the annals of history, man's religion has been of profound political and individual influence. This influence has varied with the type of race and with the moral and intellectual enlightenment in that particular environment. This religious tendency, if we may use such a term, has been woven into the warp and woof of the individual and national psyche.

The Hebrew of biblical times was a mystic. His interpretations of natural phenomena were based on this characteristic. These interpretations, in turn, had a most remarkable influence on the psychical life, fostering a tendency to abnormal manifestation in that sphere. This tendency consisted largely in the removal of the inhibitory factors of the conscious with a domination of affective phenomena. Thus mysticism made its impress and there are accounts of all sorts of abnormal psychical manifestations.

We have the accounts of seemingly miraculous events occurring in these periods, all probably mystical interpretations of natural phenomena. Just as the North American Indian, seeing a cloud in the form of a horseman over the mountain range, will report to his fellow tribesman the approach of a gigantic horseman riding over the mountains, so the mystical Hebrew will give miraculous interpretation to a natural event. This interpretation, in turn, would have a profound influence on the movements of the tribes. In the days of Greek or Roman dominance, the oracular utterances of sybils, priests, etc., given in states of abnormal psychical or emotional excitement, had profound influence on the fate of armies and empires. So throughout antiquity mystical interpretations were of the utmost importance in shaping individual and national life.

### Christian Ethics

Then, with the advent of Christ, came new ideas as to both the present and future life of man. The religion of the Hebrews was rather an every-day religion, having to do largely with the manner of living from day to day; ethical standards and rules to govern daily routine. God entered largely as a factor to guide in the daily life. With the coming of Christ a new sphere, the sphere of the hereafter, of eternity, was opened up to man's vision more vitally, and the question of a future state imposed itself upon man's consciousness. According to a man's life, so was the reward or punishment here-

after. "Whatsoever a man soweth, that shall he also reap." So man became more concerned with the fate of his soul, which, in turn, was dependent on his life in the world he lived in. Christianity offered even to those who had lived inharmoniously, a chance for a happy state in the eternity beyond the grave through re-birth or reformation. Christ's life and passion should be the atoning factors. So man became vitally interested in this re-birth. "A man must be born again"—made over new in spirit.

With this doctrine of re-birth or reformation, introduced to a people essentially mystical and with a tendency to little psychical inhibition or control, of necessity there appeared all sorts of psychical abnormalities. We find Paul's conversion brought about on the road to Damascus by his being struck down by a great light from Heaven with a subsequent blindness, lasting several days. And he heard a voice from Heaven speaking to him.

### Religion vs. Hysteria

All of these are very evidently hysterical phenomena engrafted upon a psyche, wrought upon by the mystical factors and the new teachings of the day, and still further fostered by the fact that he had been persecuting these very individuals who were so diligently spreading the gospel of new birth. The suggestiveness of this new doctrine, working upon a psyche receptive in that inhibition was at its lowest, brought these results and Paul confessed to a new birth spiritually. And so we find Paul writing of being caught up into the third Heaven and hearing and seeing wonderful things of which he could not speak. And so the combination of suggestibility in an environment of mysticism and lowered inhibitory control produced abnormal psychical phenomena.

### Religious Revivals

We find these same phenomena occurring in our own country in the great revivals which have swept over the land at various periods, usually following upon some era of marked national excitement. There are the revivals of 1800 in Kentucky, the Jonathan Edwards revivals of 1734-1735 which swept the country and lasted for a decade, and in the nineteenth century the revivals in Western New York which originated the "Latter Day Saints," who afterward formed the Great Mormon Colony in the West under Joseph Smith, and so on. All of these great movements were characterized by various abnormal phenomena, the character varying with the type of individuals making up a particular community.



In the Kentucky districts there was marked motor excitement, trembling, jerking, rolling, etc. In some communities passage into trance states predominated. Sometimes large gatherings of people would be struck down as though dead and would lie for hours seeing visions and uttering strange sounds. They would see pillars of fire; would hear voices speaking to them from Heaven, and sometimes appeared to talk in strange tongues. All of these phenomena we can interpret in the light of our present knowledge as hysterical manifestations. Of course they had a profound effect on these very suggestible peoples. Those affected most frequently were those still retaining the more primitive traits; a less active, less exercised consciousness. We find the same phenomena among the country negroes of the South, a primitive race, where "shouting" and the "mourner's bench" play a large role, and where frequent conversions and rank immorality go hand in hand. And so from antiquity, even to our own generation, varying with the intellectual enlightenment and the amount of pervading mysticism, we find these hysterical phenomena occurring where suggestibility, lessened conscious control, and predominance of primitive traits or affects occur.

### Religion and Excess

These abnormal phenomena are nearly always of a sexual nature and often lead over into gross sexual excesses. That there is some relationship between religion and sexuality seems with a few exceptions to be accepted as a fact. The real problem of this relationship is the determination of sequence: whether religion is the result of sex, or whether the two simply co-exist in a close bond. The arguments used for their close relationship are all empirical and grow out of the coincident appearance of the two in the lives of individuals; the awakening of sex and religion about the period of adolescence. After religious revivals where there is great religious ecstasy there often follows a period of gross sexual excess. This is especially true among such primitive peoples, as the negro of our country. As James has said, however, we might as well say that religion is the result of a "torpid liver," or that mathematics is the result of sexuality, as to argue from these premises that religion is the result of sex. It remains true, however, that there is a very close relationship. Mixed up with religious observances we have all kinds of sexual imagery. Then there are the so-called "spiritual marriages," the affinity movements, the polygamous movement of the "Latter Day Saints," and the Oneida Creek venture. Or we find in history individual instances which show this relation-

ship; St. Teresa's amatory "Flirtation with the Deity"; Joan of Arc's ecstatic visions, and so on through a long list of historical characters. So the psychical phenomena are often of a sexual nature and closely akin to religion.

### Psychoses

Now the basis of all psychoses seems to be a lessening of the inhibitory control of the consciousness and a consequent domination of the acts and ideation of the individual by the sub-consciousness, that part of the individual's psyche, which is made up of crude desires or affects which have been more or less successfully sublimated. The more primitive a people are the less need for sublimation. In the more complex states of civilization, the individual is in constant need of suppressing some emotional outcrop which would otherwise bring him into conflict with environment. Hence, when some strain or stress confronts a psyche, the inhibitory faculty being poorly developed, the crude effects take the upper hand, are the controlling factors, and we find the individual out of harmony with environment. Lombroso has said: "Genius is a symptom of hereditary degeneracy of the epileptoid variety and is allied to moral insanity." It is undoubtedly true that psychical abnormalities have been at the basis of great world upheavals. Joan of Arc was undoubtedly a psychopath, and the great controlling idea of her life which was an outcrop of an abnormal psychical phenomena, influenced the fate of nations.

### The Present War

There are those who claim on very good premises that the present stupendous upheaval in Europe is the direct result of the philosophy of a man who died in an insane asylum. Whether a psychopathic tendency is the "sine qua non" of genius must be held in abeyance. The existence of these facts does not discredit the work of genius, however.

### Genius

Must we say that the normal man is the "every day" man and that genius is without the bounds of the normal? Decidedly not. The co-existence of a superior intellect and a psychopathic temperament does not prove the necessary correlation of the two. And so the fact that Saul of Tarsus became Paul the Apostle, through the exact mechanism, which did bring about these results, does not discredit the great work which Paul the Apostle undoubtedly accomplished. We should scarcely conceive of a psychopathic temperament being absolutely essential for such results, however, for the intellect

which brings the final results might just as readily work under the stimulus of rational thoughts as under the stress of emotional experiences. And these emotional side-tracks, even though they have brought unheard-of results, are certainly abnormalities.

The normal is the sum total of progress, and he who lags behind is defective. And so we find the peculiar psychical phenomena of religious ecstasy, usually in crowds, the jerking, jumping, rolling, trance states, and what not, are due to the removal of inhibitory control and the superimposition of the subconsciousness—the primitive.

Now we know that the trance states, the motor phenomena, etc., are not religion, nor are they manifestations of religious fervor or of re-birth. They are the net result of suggestion acting upon suggestibility and removed inhibition. And religion is coming to be rationalized. Re-birth, reformation, revival, or what not, are simply terms for the return to normal or to the mean of existing psychical states.

Sin is an abnormal state of mind under the existing environment. It is the sum total of hereditary tendencies and environmental influences. It is a psychosis. In the domain of psychiatry, various and sundry empirical therapeutic measures have been used and still are being tried for the correction of abnormal psychical mechanisms. The oldest is suggestion. Suggestive therapeutics belongs to the class of symptomatic therapy. The true basis of permanent amelioration is through re-education of the individual emotional tendencies.

Now we come to the closest parallel between religion and psychiatry. Suggestive therapeutics has been used in religious observances as long as religion itself has existed probably; that is to say, it is as old as man's awakened consciousness—his traits of introspection and analysis even in their crudest form. When Moses lifted up the serpent in the wilderness, we had a concrete example of suggestive therapy. Christ used it in a broader scope and probably with more understanding than any predecessor, for He said, "Thy faith hath made thee whole," showing a recognition of the basis for suggestive therapy. Catholicism is reeking with shrines, Bambinos, and what not, which have curative properties in some instances through suggestion. "Thy faith hath made thee whole."

### **Irrational Religion**

And Christian Science arises and, basing its dogmas on theories hundreds of years old, older than Christianity, and silly in direct proportion to their age—unwittingly and irra-



tionally brings about cures through the same mechanism. Here is empiricism run wild. In fact rational science is completely banished and these methods are applied indiscriminately to all abnormalities of the psychical or physical.

Let us go further. Sporadically have arisen evangelists throughout the world whose evident intent it was to bring about the regeneration of man. We have had periods of irrational religion using irrational therapy in an irrational way. Great waves of suggestion, hypnosis, auto-suggestion, etc., have swept over the various Christian countries, with a breaking down of conscious control, a superior position of the subconsciousness, and a heightened suggestibility, until we find actual psychical disturbances created. Where good results were obtained, where re-birth was accomplished, suggestive therapy, irrationally applied, was undoubtedly the factor. But, right-minded men with clear vision have seen the perniciousness of such methods, and now there is a swing of the pendulum toward the right side of the issue.

### Rational Religion

Rational religion with rational methods has come to stay, no matter how hard the old fogies pull against it. And it would be well for psychiatrists to recognize this movement, to study into it, to see the "rationale" of the whole. There is too much tendency to dismiss anything religious as without the domain or else probably as a causative factor in psychical disturbances and not to recognize the great therapeutic value of the religious route.

With the establishment of "Clinics" for the psychological study of religious manifestation, the theologians are forging ahead marvelously. And they are applying rational therapy to psychical disorders, recognizing moral perversions as psychical disorders.

The basis of rational therapy is re-education of the individual along the lines of emotional atrophy. The basis of rational "re-birth" as well as for psychical restoration. "Man is incurably religious." Why not recognize this fact, and use his religion as a means to his psychical regeneration? A tendency which can bring about such profound results through suggestion, should be harnessed to our purpose. The time is coming when psychiatry and religious methods are so intimately associated that it will be hard to distinguish one from the other.

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"Ye men of Athens, I perceive that in all things ye are too superstitious," said Paul on Mars' Hill (Acts 17:22); and he drew a distinct line between what was called religion and



what actually is religion. The Greek word here translated "superstitious" really means worshippers of demons. And demon worship, fetish worship, etc., still taints much which passes as "religion," the word referred to often being translated "reverence." The word "religious" occurs only twice in the New Testament, and the word "religion" only three times, three Greek words being so translated, none of them meaning what we understand as religion today. So, then, the indictment of this paper is true as against much which passes as religion and even as Christianity; but the indictment does not hold against the high ethical conception of the genuinely changed man—the truly religious one. For fear some readers would construe Dr. Young's eminently sensible paper as an attack against faith—which it is not—this note is appended. Medical men should do their part in eliminating from religious movements the objectionable features of which he speaks.—Editor Medical World.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. G. W. Weyl, Decatur, Illinois, is spending the winter in Los Angeles. He is accompanied by his wife.

Dr. Orah Knapp Allen has changed her address from Vallejo, to care of German Hospital, San Francisco, of which institution she is the assistant house physician.

Dr. H. W. Crook, Big Pine, was in the city last month for the purpose of purchasing a new automobile.

Dr. J. R. Buckingham writes that he is enjoying his work very much and is having lots of experience with contagious

diseases. His address is 1st Lieut. J. R. Buckingham, M.R.C., Signal Corps, Aviation School, Rockwell Field, San Diego. Mrs. Buckingham is staying in San Diego.

Prof. and Mrs. J. U. Lloyd are spending several weeks in Los Angeles, guests of Dr. and Mrs. O. C. Welbourn. Prof. Lloyd spoke before the last meeting of the Los Angeles Eclectic Medical Society, which was held at the home of Dr. J. A. Munk.

Dr. and Mrs. H. T. Webster, who went east in the fall to spend a year, froze out early in January and returned to Oakland. They have purchased a new home and expect to continue making that place their home, the address is 301 Oakland Ave. Dr. Webster suffered the loss of his brother, Dr. H. H. Webster, of Cleveland, Ohio, who died from apoplexy on Christmas Day.

Dr. John A. Sasso, after his very severe accident, is convalescing at The Westlake Hospital.

Dr. M. B. Bolton is enjoying some real winter weather while visiting her brother, Dr. M. B. Bolton, in Quincy, Plumas County.

Mrs. Ruth E. Davis died at her home in Sawtelle last month, aged ninety-six years. She was the widow of Dr. Orin Davis, who died a few years ago at an advanced age. Two weeks after the death of Mrs. Davis occurred the death of her son, Asa, aged 72 years.

Dr. W. E. Ryan, French Lick, Indiana, sends his renewal to the Journal and says that he expects to come to California next year. Indiana is all right, but I am sure that Dr. Ryan will think California is better.

# The California Eclectic Medical Journal

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Vol. XXXIX

MAY, 1918

No. 5

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Original Contributions
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## DELICATE NERVOUS REACTIONS IN DIAGNOSIS AND TREATMENT

John M. Cleaver, M. D., Los Angeles, California

Read before the Los Angeles Eclectic Medical Society

We often lose sight of the immense importance of the sympathetic or autonomic nervous system. We forget, for the time being, the despotic control which this mechanism holds over our physiological activities. We unconsciously fall into the habit of treating disease almost as an entity to be whipped or coaxed, much as we would a refractory child.

Did you ever stop to think just with what delicate nicety the autonomic nervous system keeps us in harmony with the environment in which we live?

A breath of cool air, and how quickly the blood mass is hurried to the warm interior of the body. A gradual warming of the atmosphere, and as gradually comes a return of the blood mass to the peripheral tissues, where the body heat may be radiated so that the body's even temperature may not be shaken.

The very odor of appetizing food brings increased saliva. The presence of ingested food in the stomach is sufficient to pour forth digestant juices suited to the work in hand. Increased muscular action brings increased heart activity. Why?

The autonomic nervous system—always on the alert—always, in health, keeping us right with surrounding nature.

Then why do we ever become ill?

We must again look to the autonomic system—but this time we find it **not** to be on the alert. Something is wrong somewhere, somehow, and we meet changed environmental

conditions unprepared—with blood mass in the wrong place, with deficient secretions, with congestion where we should have anemia—and the result is malfunction—disease and ultimately death.

Therefore it would be apparent that an intact and functioning autonomic system is the first prime requisite for health—yes, for **life** itself.

We are beginning to find out how delicate the reactions of this autonomic system can be. It is always busy, always changing internal conditions—always adapting itself to varied influences.

Dr. George Starr White of Los Angeles, California, has recently announced some very interesting facts regarding delicate tests as to the integrity of this function-regulating mechanism.

Dr. White has found, and conclusively proved, that so slight a stimulus as the Magnetic Meridian of the earth can and does produce vaso-motor and other changes in the human body.

He has found that a mere change in position from one facing East or West to one facing North or South is sufficient to produce a change, which he terms the "Sympathetic-Vagal Reflex."

This reaction seems to follow a direct stimulation of the vagal nerve—with the stimulation none other than the lines of magnetic force encircling the globe from the south to the north magnetic poles.

Truly this sounds at first like unto the vaporizings of an unbalanced mind, but the demonstrable facts back up his assertions.

With many instruments, such as the organotonometer, vagotonometer, sphygmomanometer, psychophanometer, stethoscope, cardiograph, plethysmograph, and others invented for the purpose, Dr. White has shown this nervous change. Dr. White's method of air-column percussion will also demonstrate this reflex. This he has done before the highest scientific bodies in this country. Not only this, but he has demonstrated that by taking advantage of these phenomena we have given to us a new and accurate method of diagnosis—yes, and of treatment as well.

These discoveries become of diagnostic importance through the fact that only healthy, **non-toxic** individuals give the reaction. When the subject is suffering from some form of intoxication, such as tuberculosis, cancer, syphilis, malaria, gonorrhea, auto-intoxication, etc., the reaction is absent.

But this is not all. Dr. White has found a means of tem-



porarily bringing back to normal this nervous reaction. In other words, even when the patient is afflicted with tuberculosis, with an autonomic system poisoned into a laxity of reaction, he has been able to rhythmically bring about a normal nervous condition.

And more interesting still, he has found that the stimulus which will restore to the patient a normal vagal reaction when suffering from tuberculosis, will always act in this toxemia, even in its earliest stages, but never in syphilis, malaria, etc.

In the same manner the restoring stimulus for syphilis will act specifically in this condition and not in cancer, tuberculosis, etc.

These facts are not only of importance from a diagnostic standpoint, but point out a method of therapeutics as well.

Dr. White's method of diagnosis and treatment work out somewhat as follows: A careful test shows that the patient does not respond to the Magnetic Meridian as a stimulus. This shows that the patient's nervous system is suffering from some form of toxemia and is not keeping him in that careful equilibrium with his environment which is necessary for healthful function.

Now the patient is subjected, one by one, to a series of auxiliary stimulations, until that stimulus is found which restores to the patient a healthy reaction. Under this stimulus the patient's nervous system is functioning as in health. This form of auxiliary stimulation is noted and proves an index to the form of intoxication; for, understand, these experiments have been verified time and time again by the latest forms of laboratory and other methods of diagnosis.

That form of stimulation which restores to the toxemic patient a normal autonomic reaction cannot but be of great therapeutic value. This would seem to follow logically, and from a clinical standpoint it **does** follow.

Thus with this new method of testing nervous reactions it is possible to easily and conclusively ascertain—

First—Whether or not a patient has a normally functioning autonomic nervous system. If he has a normally functioning autonomic system, it is safe to assume that he is not suffering from any form of intoxication. This autonomic system is keeping him in that exact resonance with the media in which he lives which is necessary for perfect health.

Second—It is possible to determine the **kind** of toxemia which ensues.

Third—A method of treatment is suggested which is

not only rational, but which has proved to be of immense value.

This work of Dr. White's is well out of the beaten path. His findings seem at first so erratic as to be the essence of foolishness. He hesitated long before presenting them to the profession, until he had collected such a mass of confirmatory data and had developed such methods of proof as to lift the whole series of phenomena from the sphere of theory to the sphere of **authenticated fact**.

The rule of the autonomic system is supreme, but it seems that at last a method has been found to make its work a little more uniformly purposeful and beneficial.

### DIAGNOSE CAREFULLY

E. R. Petskey, M. D., Douglas, Arizona

Time and time again have I felt the desire to say something about a careful diagnosis, but time has not permitted, till now I have a very forceful case to bring before you.

Last month, while I was enjoying an auto tour through the northern section of Arizona, one of my old patients took very sick. They being unable at the time to get me, called in another medico. This man listened to the woman's tale of woe and suffering, for suffering she sure was. He kept a wide berth and concluded that she only required a dose of Epsom salts. The Epsom salts were administered for twenty-four hours, but no relief was obtained. In the meantime the patient heard of my return to town and phoned to me to come to her house immediately. I went as quickly as I was able and this is what I found:

January 24, 1918. Mrs. R. G., suffering severe pain over McBurney's point. Legs elevated. Vomiting. Temperature 101 deg. F.; pulse 120; respiration 30. She suffers greatly from constipation. Eyes were rather jaundiced. Some tenderness over the region of the gall-bladder, but not severe. No swelling. These symptoms all came on very suddenly. After examining patient very closely I concluded that she had appendicitis, with a possible gall-bladder affection. I prescribed as follows:

Absolute abstinence from all food. A high enema. Chlorodyne tablets for the pain. Tr. Spec. Chionanthus; Tr. Spec. Podophyllin; Tr. Nucleus Vomicae; also at intervals pills, Podophyllin a.a., gr. 1-8.

The next day I went back to see her and found that she had put in a pretty bad night and had had a very good clean-

ing out. I was now able to make a more thorough examination, as she was not so tender. Over McBurney's point I found a long and hard mass, something the shape of a sausage, and could trace this lump up to pretty near the gall-bladder. Note, though, that the pain still persisted over McBurney's point. I told her husband that there was only one thing to do and that was to operate at once; also that I would examine the gall-bladder carefully after I had given the appendix attention.

He agreed to my doing anything that I thought would cure her. Owing to the hospital and operating room having been upset on account of the painters, I was not able to operate until 9 o'clock the night of January 25th. I made my incision over McBurney's point, and when I got in, instead of finding the appendix I found a large sausage-shaped body fully an inch and a half in diameter. At first one might have taken this to be a fecal fistula. I traced this body to its full extent and found that it was the gall-bladder. It was very red in color, and at the tip presented an area about the size of a quarter, which had a purple hue to it. This area rested right over the appendical region. Undoubtedly that was the seat of greatest pain and was the reason why I mistook same for appendix. Next I made a stab wound over the region of the gall-bladder and stitched the gall-bladder to the peritoneum, stitching all around, so that there would be no chance for any fluid to escape into the peritoneal cavity. I placed a piece of sterile gauze in this stab wound, thinking that it might set up enough irritation to produce early adhesion. The appendix was next examined and found to be normal, so was left intact. The abdomen was sewed up and patient put back to bed. Instead of appendicitis this was a gall-bladder cyst.

On January 29th the second operation was performed. As soon as I began to remove the strip of gauze there was a slight oozing of a greenish-yellow fluid. I enlarged the incision to about an inch and a half, all told. Opened the gall-bladder and inserted a large sterile rubber tube. This tube was stitched to the tissues to keep it in place. The wound sewed up and the patient put back to bed. A bottle with a little bichloride solution was hung to the bed and into this the tube discharged the fluid.

Patient got along remarkably well. Temperature, pulse and respiration at once went back to normal.

On Sunday, February 10th, in the morning, I removed the tube and dressed the wound. About 3 o'clock that same day the nurse telephoned for me to come up at once. When I

arrived I found the patient looking very low. Temperature went up to 100, pulse 130, respiration 40. From that time on the temperature climbed to one degree higher each hour till it reached 104.6 F. In the meantime I had given a hypo of Pituitary Extract—surgical; Strychnine Sulphate gr. 1-30, and Camphor in oil. I probed the stab wound and had patient turn on her side. The minute she did that she began to vomit freely, and from this time on the temperature dropped down by degrees till it was once more normal.

On examining the vomitus I found that she had eaten chicken that day for lunch and had not chewed it up as finely as she might have. Nine weeks prior to this time I confined her and a few days afterwards she had some chicken for dinner and soon afterwards had a severe chill and temperature. I forgot to mention that when the above happened that she also had a terrific chill. On close questioning I found that this is a peculiar idiosyncrasy. She cannot tolerate chicken. I merely mention this to show how a very simple, insignificant matter can cause a great deal of alarm, worry and deep thought. I was on the verge of opening the belly once more and filling with saline, and also extirpating the gall-bladder. My, what a job she saved me when she began vomiting! Now the patient has made a very uneventful recovery.

Case 2. Baby M. I was called in to see this child about 5 p. m. one afternoon last month. Not to take up so much time in detail, I will say that I made the diagnosis of a very bad case of pneumonia. On questioning the parents as to how long the child had been sick and what had been done for it, I was told that they had had a certain doctor in to see the child for the two days prior to this date, and he prescribed calomel and repeated the dose the second day, stating that there was nothing the matter with the child. I immediately engaged a trained nurse for the case and started active treatment. From 11 o'clock that night till 11 the next morning we kept the child alive with stimulants and artificial respiration. After that time all efforts became fruitless. He died.

Case 3. Another pneumonia baby. No definite diagnosis made. Physician prescribed castor oil. No improvement. I diagnosed pneumonia. Sent the child to a lower altitude. Specialist wrote me later stating that my diagnosis was correct.

I could state others, but feel these will be sufficient. It is not my intention to convey the idea to my readers that I am a diagnostician, for I am not. I merely want to bring



before you the importance of being on the alert. Never hesitate to ask for consultation when in doubt. You will not belittle yourself, but on the contrary the patient will think far more of you and will feel that you are really taking an interest in the case. We are all liable to mistakes.

Case 1 will point out to you not only a case of lack of interest, but also a very interesting case of idiosyncrasy. Lesson: Ascertain what foods your patient can readily tolerate.

Perhaps it might be of interest to some to know what local application I use in bronchitis and pneumonia. At the present time there are many arguments, both pro and con, in regard to local applications in cases of pneumonia. I feel that we cannot do any harm, and do really believe that they do good.

R. Tr. Belladonnae.

Tr. Capsici, a. a.....Dr. jjj

Lloyd's Libradol, q. s.....Oz. vj

Misce.

Smear this on a cloth and apply to chest. Leave it on all night, and in the morning put on a fresh jacket of this ointment, leaving this on all day.

## SOME OBSTETRICAL REMINISCENCES

Samuel T. Quick, M. D., Fort Collins, Colorado

When attending lectures in 1872 I remember Prof. John King, of precious memory, telling us we might use a little chloroform in obstetrics, but only while pain was on, but not to complete narcosis. Prof. A. J. Howe said in operating give chloroform until there was complete relaxation or not give it at all. "Fools often walk where angels fear to tread," so as a boy I did some walking. In 1874 I was called to a stout patient in severe labor. She said: "Doctor, can't you do something?"

I gave chloroform and presently patient was snoring. I preserved complete unconsciousness until child was born. No unnatural results, but much praise from patient and family. Consequently soon did as much obstetric work as the other five doctors in town. In 1880 called to a patient at her father's; very poor, not having the real necessities of life, but large family. Patient pale, anemic and cadaverous appearance. Found twins, full time, about seven pounds each, dead, and so decayed that skin slipped wherever touched. I expected patient to die. I thoroughly cleansed

uterus with salt solution, gave her Echinacea and Macrotys. She made a gradual recovery and became mother of two other children.

In 1893 attended Mrs. T. Patient strong, square built, but nervous, and had with her both her mother and mother-in-law, both claiming to be nurses. I kept patient under chloroform partially for twelve hours and called in another doctor, who assisted me for the next six hours while patient was completely narcotized, and delivered her of a twelve-pound boy, who is now a lawyer in Minneapolis.

In 1894 attended Mrs. B. Full time; os well dilated; very little pain; patient nervous. Inserted colon tube in womb; no results. Then used, with fountain syringe attached to tube in womb, four gallons salt solution, when pains came promptly and had fine delivery; results excellent.

1894. Mrs. McD., 43 years old; youngest child 7 years. Found patient sitting over vessel and before I could remove my wraps she remarked, "Something is coming." Put her to bed and found hand in world and cold; shoulder presentation; returned hand, turned child, brought head down, separated pelvic bones and delivered a 12½-pound child. The husband gave chloroform under my directions, as I was too far from town to get assistance. Patient and child today well and living in a neighboring State.

Before the days of auto drove fifty miles into mountains; found patient, a hunchback, thirty-six hours in labor with sixteenth child; back presentation. Gave chloroform, with only a mountain woman neighbor to assist; turned and delivered. Patient made good recovery; child now grown up, and am happy to state mother has had no additional pregnancy.

1895. Patient, Mrs. W., I found in spasms, in which condition she had been for eight hours. She was seven months pregnant, and albuminous. I kept her under chloroform, brought on labor and delivered her of a child which is still living. Mother lived to have two more children.

1898. Mrs. P. I found in labor and unconscious. I said to husband and sister present, "This woman is dying." She was albuminous. I delivered her of twins inside of twenty minutes and she breathed her last before second one was entirely born. One child lived one month, the other three years. Called to hospital to Mrs. O.; found her in spasms from albumen poisoning; asked for council; two other doctors soon arrived; all agreed she would live but few hours and that the thing to do was to deliver. Used the salt solution to bring on labor by flushing the uterus. Delivered her

in forty-five minutes of dead child. Patient lived but six hours.

These cases were all attended, as you will note, before we had many of our modern conveniences or remedies. I have used chloroform in all patients who desired it since 1874, hundreds of times, and no untoward results to mother or child resulted. I always use normal salt solution to cleanse uterus after delivery of afterbirth, and so leave uterus clean of any parts of membranes. Have patient sit over vessel when urinating; don't use bed pan, and use no vaginal douches after the one salt water douche, but insist that nurse keep external genitals clean.

Have never lost a patient in confinement except the three who were dying when I was called. Have used the "twilight sleep," but do not consider it safe or desirable as chloroform, as it occasionally acts disagreeably on child.

## BOTANIC VERSUS THERAPEUTIC RELATIONSHIP

Herbert T. Webster, M. D., Oakland, Cal.

The notion has more or less prevailed among medical men from time immemorial that members of the same botanical family are liable to prove similar in therapeutic action. When one member of a family group demonstrates certain therapeutic affinities, they have been somewhat wont to expect similar action when investigating a new member of the same family. Experimentation in botanical drug therapy is thus often embarrassed; for, failing to derive similar results in such cases we are liable to consider the new individual a failure and throw it into the discard.

In a biological sense, we are not justified in expecting parallelism in the therapeutics of botanical family groups. Consanguinity in the human family is not liable to be attended by similarity in individual characteristics. Even brothers, born to the same parents, often afford us striking differences in disposition and energy. They may resemble one another in form and feature, but there the resemblance may end, each affording distinctive peculiarities in social and executive traits. The tangle of heredity is at work here, turning out remarkable complexities in many instances.

Botanists of good repute have informed the writer that *grindelia robusta* and *grindelia squarrosa* are identical botanically—though there is probably a mistake here; for such authorities may have been furnished with two specimens of the same species when arriving at their deductions; yet there is

no dispute that there is a very close resemblance between the two. In my opinion, there is a difference, the *squarrosa* growing more bulky, its branches more wavy, and inclined to droop, as compared with *robusta*, and choosing low ground for its habitat, with its location confined to small sections, while *robusta* is widespread in its distribution. Still, there is no disputing the fact that there is a very close physical resemblance between the two. Naturally, we would expect similar therapeutic properties in the two kinds; and, knowing the action of one, were the properties of the other unknown, would expect to prescribe it in similar conditions. In this instance we would be diverging far from the proper course, for their individual therapeutic properties are widely dissimilar.

*Grindelia robusta* possesses an affinity for the respiratory organs. Asthmatic conditions and bronchial coughs of asthmatic tendency seem to be the condition most markedly benefited by it, and the place in which we have learned to place confidence in it. We do not expect much more of it when prescribing it as an internal remedy. *Grindelia squarrosa* seeks no such locality in its therapeutic affinity. Any one who has observed the action of this agent carefully, cannot but be impressed with its selective action upon the abdominal viscera. The spleen especially, and secondarily the chylopoietic viscera, are the regions specifically affected. The respiratory organs evince none of its effects. It is the most positive remedy for chronic malaria I have ever found. Here we have two plants so closely related botanically as to confuse skilled botanists, which evince no therapeutic relationship. Other members of the *grindelia* family exist, which possess no therapeutic relationship with either of these, so far as I have been able to determine, though belonging to the same family.

In 1907, the writer visited a son, who is practicing in southwestern Missouri. The month was September, when the numerous members of the *grindelia* family in California bloom. Riding with him in the country to visit a patient one day, I was struck by the resemblance of a blossom on a plant growing profusely along the roadside to *grindelia*, and called a halt for closer inspection. I had supposed that the *grindelia* family was confined to the Pacific coast, and was skeptical that an individual should be found in far-off Missouri. However, the blossom indicated a member of the family, while the sticky, gummy character of the plant carried conviction, and upon submitting the plant to the teacher of botany in the local high school it was named as one of the family, though the distinctive name has now escaped me. I tinctured the



green plant and carried it to Oakland for purposes of experimentation, but found none of the properties existing in the two kinds with which I was already acquainted. Doubtless this plant is a good medicine, if its direction of medicinal action can be discovered, for it possesses the characteristic grindelia odor and seems to be a plant of positive character, but its sphere does not lie along similar lines with its botanic relatives.

Along the same lines of observation lie other family groups. The three species of *rhamnus* used in medicine, namely, *rhamnus catharticus*—English buckthorn; *rhamnus purshiana*—cascara sagrada, and *rhamnus californica*, manifest nearly as much diversity of action, though all possess one characteristic—laxative. I have had little experience with buckthorn, and few, if any, physicians prescribe it for any other action than as a laxative. However, I have known dog fanciers to employ it as a remedy with good result where a canine droops, wastes away and refuses to eat. Indeed, I have suggested it to acquaintances on more than one occasion where a remedy of this kind was sought and afterward received good reports from its action. This is certainly a very empirical way of prescribing, and possibly veterinarians could throw more light on the subject; but the matter is mentioned here merely as a matter of illustration, for neither of the other species are known to possess any such property.

*Rhamnus purshiana*, widely known as cascara sagrada, is too generally used for me to dilate upon its properties. I take it for granted that it is a mild, unirritating laxative, with slightly tonic effect upon the alimentary functions. This action can hardly be credited to *rhamnus californica*, which is drastic in its cathartic action, when aroused, and not a very desirable remedy for such purposes, but is an admirable remedy in acute rheumatism and for muscular pain, much more so than *macrotys* or any other remedy we possess for general use. It is more widely adapted to painful conditions than any other remedy we possess, though not always effective because it must be prescribed with discrimination. Many painful states are not due to muscular or fibrous pathology. However, these remarks are intended to suggest a wide difference between the therapeutics of the three kinds of *rhamnus*.

We find this disparity between the therapeutics of another important species—that of the *rhus* family. Indeed, there is a wider variation here than in that of the *rhamnus* family. No one who is personally acquainted with the action of *rhus tox*, would expect to prescribe *rhus aromatica* in its place.

The two remedies are far removed from each other in a therapeutic sense and in their respective fields of action. Though both are almost indispensable as remedies, we employ them in entirely different conditions. *Rhus glabrum* is hardly to be thought of where either of the two others are prescribed.

The same argument applies to the *asclepias* family. A knowledge of *asclepias tuberosa* affords us little aid in applying *asclepias syriaca* or *asclepias incarnata* to disease, while both the two last named differ essentially in their therapeutic adaptation. Each member of the family must be studied separately and adapted to an entirely different field.

Thus we observe botanic families sustain little relationship therapeutically. The idea that because related botanically medicinal plants are related therapeutically is best discarded, because it is liable to lead us astray when we are investigating their separate virtues. We must cast all such means of guidance aside and forget the properties of botanical relatives if we are to become intimately acquainted with individual characteristics.

## MEDICAL RESERVE CORPS

Office of the Surgeon General,

Washington, April 8, 1918.

To the Editor, California Eclectic Medical Journal,  
Los Angeles, California.

1. I wish to call to the attention of the profession at large the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active, or the fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources, especially that of man-power, depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone.

There are today on active duty 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps, an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of reputable school of medicine, authorized to confer the degree of M. D., between the ages of 22 and 55 years of age, and professionally, morally and physically qualified for service.

6. With deep appreciation of any service you may be able to render the Department, I am,

F. C. GORGAS,  
Surgeon-General, U. S. Army.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBOURN, A.M., M.D.**

Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBOURN, A.B., M.D.**  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

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J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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## POLITICAL FREEDOM!

Political freedom means much or little, depending upon your point of view. For instance the German people under the rule of the Kaiser and the Russian people under the rule of the Soviet are each proclaiming to a war-weary world that they have the only pure and unadulterated freedom. And the world if forced to make a choice between these two would do so, doubting which is the lesser of the two evils. But fortunately there is a middle ground between anarchy and autocracy—the usual mean between the two extremes—and the American people have chosen that condition in preference to either horn of the dilemma. And not only have they chosen it, but they have fought and died for it. Furthermore they of this generation are willing to fight and die that others may attain this great boon, as well as to maintain it for themselves.

We believe it is clearly understood by nearly all of us that this war is a fight to the death between the principles of autocracy and democracy, also that beyond a doubt we shall win unless we become faint-hearted and content ourselves



with an inconclusive peace. In the latter event the day of reckoning only would be postponed and the following generations would rightly look upon the present one as a "bunch of slackers." Do you want to be remembered as a physical and moral coward?

"Know ye not who would be free themselves must strike the blow?

By their right arms the conquest must be wrought."—Byron.

### PRESIDENT WILSON'S ADDRESS

The President delivered the following address at Baltimore tonight on the occasion of the opening of the Third Liberty Loan Campaign:

Fellow Citizens: This is the anniversary of our acceptance of Germany's challenge to fight for our right to live and be free, and for the sacred rights of free men everywhere. The nation is awake. There is no need to call to it. We know what the war must cost, our utmost sacrifice, the lives of our fittest men and, if need be, all that we possess. The loan we are met to discuss is one of the least parts of what we are called upon to give and to do, though in itself imperative. The people of the whole country are alive to the necessity of it, and are ready to lend to the utmost, even where it involves a sharp skimping and daily sacrifice to lend out of meagre earnings. They will look with reprobation and contempt upon those who can and will not, upon those who demand a higher rate of interest, upon those who think of it as a mere commercial transaction. I have not come, therefore, to urge the loan. I have come only to give you, if I can, a more vivid conception of what it is for.

### The Cause We Are Fighting For More Sharply Revealed Than Ever

The reasons for this great war, the reason why it had to come, the need to fight it through, and the issues that hang upon its outcome, are more clearly disclosed now than ever before. It is easy to see just what this particular loan means because the Cause we are fighting for stands more sharply revealed than at any previous crisis of the momentous struggle. The man who knows least can now see plainly how the cause of Justice stands and what the imperishable thing is he is asked to invest in. Men in America may be more sure that, if it should be lost, their own great nation's place and mission in the world would be lost with it. than they ever were before that the cause is their own, and

I call you to witness, my fellow countrymen, that at no stage of this terrible business have I judged the purposes of Germany intemperately. I should be ashamed in the presence of affairs so grave, so fraught with the destinies of mankind throughout all the world, to speak with truculence, to use the weak language of hatred or vindictive purpose. We must judge as we would be judged. I have sought to learn the objects Germany has in this war from the mouths of her own spokesmen, and to deal as frankly with them as I wished them to deal with me. I have laid bare our own ideals, our own purposes, without reserve or doubtful phrase, and have asked them to say as plainly what it is that they seek.

### **"We Have Ourselves Proposed No Injustice, No Aggression"**

We have ourselves proposed no injustice, no aggression. We are ready, whenever the final reckoning is made, to be just to the German people, deal fairly with the German power, as with all others. There can be no difference between peoples in the final judgment, if it is indeed to be a righteous judgment. To propose anything but justice, even-handed and dispassionate justice, to Germany at any time, whatever the outcome of the war, would be to renounce and dishonor our own cause. For we ask nothing that we are not willing to accord.

It has been with this thought that I have sought to learn from those who spoke for Germany whether it was justice or dominion and the execution of their own will upon the other nations of the world that the German leaders were seeking. They have answered, answered in unmistakable terms. They have avowed that it was not justice but dominion and the unhindered execution of their own will.

### **Avowal of Dominion Came Not from Statesmen, but Military Rulers**

The avowal has not come from Germany's statesmen. It has come from her military leaders, who are her real rulers. Her statesmen have said that they wished peace, and were ready to discuss its terms whenever their opponents were willing to sit down at the conference table with them. Her present Chancellor has said,—in indefinite and uncertain terms indeed, and in phrases that often seem to deny their own meaning, but with as much plainness as he thought prudent,—that he believed that peace should be based upon the principles which we had declared would be our own in the final settlement. At Brest-Litovsk her civilian delegates spoke in similar terms; professed their desire to conclude a fair peace and accord to the peoples with whose fortunes they

were dealing the right to choose their own allegiances. But action accompanied and followed the profession. Their military masters, the men who act for Germany and exhibit her purpose, in execution, proclaimed a very different conclusion. We can not mistake what they have done,—in Russia, in Finland, in the Ukraine, in Roumania. The real test of their justice and fair play has come. From this we may judge the rest. They are enjoying in Russia a cheap triumph in which no brave or gallant nation can long take pride. A great people, helpless by their own act, lies for the time at their mercy. Their fair professions are forgotten. They nowhere set up justice, but everywhere impose their power and exploit everything for their own use and aggrandizement; and the peoples of conquered provinces are invited to be free under their dominion!

### **Might Do Same at Western Front, but for Armies They Can Not Overcome**

Are we not justified in believing that they would do the same things at their western front if they were not there face to face with armies whom even their countless divisions can not overcome? If, when they have felt their check to be final, they should propose favorable and equitable terms with regard to Belgium and France and Italy, could they blame us if we concluded that they did so only to assure themselves of a free hand in Russia and the East?

Their purpose is undoubtedly to make all the Slavic peoples, all the free and ambitious nations of the Baltic peninsula, all the lands that Turkey has dominated and misruled, subject to their will and ambition and build upon that dominion an empire of force upon which they fancy that they can then erect an empire of gain and commercial supremacy,—an empire as hostile to the Americas as to the Europe which it will overawe,—an empire which will ultimately master Persia, India, and the peoples of the Far East. In such a programme our ideals, the ideals of justice and humanity and liberty, the principle of the free self-determination of nations upon which all the modern world insists, can play no part. They are rejected for the ideals of power, for the principle that the strong must rule the weak, that trade must follow the flag, whether those to whom it is taken welcome it or not, that the peoples of the world are to be made subject to the patronage and overlordship of those who have the power to enforce it.

That programme once carried out, America and all who care or dare to stand with her must arm and prepare themselves to contest the mastery of the World, a mastery in which

the rights of common men, the rights of women and of all who are weak, must for the time being be trodden under foot and disregarded, and the old, age-long struggle for freedom and right begin at its beginning. Everything that America has lived for and loved and grown great to vindicate and bring to a glorious realization will have fallen in utter ruin and the gates of mercy once more pitilessly shut upon mankind!

The thing is preposterous and impossible; and yet is not that the whole course and action of the German armies has meant wherever they have moved? I do not wish, even in this moment of utter disillusionment, to judge harshly or unrighteously. I judge only what the German arms have accomplished with un pitying thoroughness throughout every fair region they have touched.

What, then, are we to do? For myself, I am ready, ready still, ready even now, to discuss a fair and just and honest peace at any time that is sincerely purposed,—a peace in which the strong and the weak shall fare alike. But the answer, when I proposed such a peace, came from the German commanders in Russia, and I cannot mistake the meaning of the answer.

**- Has Once More Said That Force, and Force Alone,  
Shall Reign**

I accept the challenge. I know that you accept it. All the world shall know that you accept it. It shall appear in the utter sacrifice and self-forgetfulness with which we shall give all that we love and all that we have to redeem the world and make it fit for free men like ourselves to live in. This now is the meaning of all that we do. Let everything that we say, my fellow countrymen, everything that we henceforth plan and accomplish, ring true to this response till the majesty and might of our concerted power shall fill the thought and utterly defeat the force of those who flout and misprize what we honor and hold dear. Germany has once more said that force, and force alone, shall decide whether justice and peace shall reign in the affairs of men, whether Right as America conceives it or Dominion as she conceives it shall determine the destinies of mankind. There is, therefore, but one response possible from us: Force, Force to the utmost, Force without stint or limit, the righteous and triumphant Force which shall make Right the law of the world, and cast every selfish dominion down in the dust.—From the Official Bulletin.



## INTRAVENOUS TREATMENT OF DISEASE

H. H. Helbing, St. Louis, Mo.

So many inquiries have come to me regarding the use of salicylic acid intravenously, that I thought another paper on the subject for the readers of the *Therapeutist* would be timely and of interest.

I have of late increased the amount of phosphate of sodium in the formula because I found upon standing that the original formula would recrystallize. I now use three drams of sodium to 96 grains of calicylic acid, using the same technique in making the solution as was advised in my original article in this journal and in the "*National Eclectic Quarterly*."

As perhaps many of the readers of the *Therapeutist* do not get the "*Quarterly*" I might relate briefly my results with this treatment in tuberculosis of the hip. I have given the young lady, who is suffering with the disease 12 or 15 treatments consisting of 96 grains and even 100 grains. I think this latter amount of acid may be given as readily as 96.

An X-ray was taken which showed that there was a slight dislocation of the head of the femur upward which seemed to rest on the rim of the acetabulum. This had become gradually displaced, the condition increasing insidiously until she was suffering unbearable pains and could not get out of bed but with difficulty. We first began the treatment according to the original formula and found that it produced sick stomach which continued for a week after a full dose. We replaced the guaiacol with subculoid inula-echinacea which did not produce sick stomach.

After each treatment her pains would be relieved for two or three weeks. As time went on the relief would last longer, so that the treatments would not be given so often.

You ask how do I know that it was tuberculosis? Because the radiogram showed a disintegration of the head of the bone. Then a pathologist reported positive tuberculosis by complement fixation test.

Then, too, there was a positive Weiss indicated upon examination of the urine. A leucocyte count indicated that there was no tendency to suppuration.

At last reports the patient was able to get around with a cane, the pains having practically ceased, she had gained in weight, had a good color, and was seemingly well on the road to recovery.

During this winter I have had several cases of tuberculosis of the second and third stages consult me, but I have invariably refused to treat them, for I think the smoke and gas of

the city prevents us from accomplishing much in late stage cases.

A case in the incipient stage was brought to me in October, and being from out of the city, I was sure that she could be benefited. Two of her sisters had died of tuberculosis. She had been coughing for two or three months; had an evening temperature of 100 degrees; had lost in weight, and was short of breath from weakness. Hemoglobin 70 per cent and red cells 5,150,000.

We gave her a half dose the first time and in about ten days the second dose, it being full strength. We sent her home in a couple of days after the second dose, and although she was still weak, her temperature was normal, cough much better, appetite good and she said she felt better. She came back in a couple of weeks for her third treatment, and at this time she had gained 16 pounds, was strong as she had ever been and the only symptom remaining was the cough.

I give the solution credit for the benefit in this case because she had been given the very best care and treatment before taking the intravenous treatment, but she had gradually become worse. She slept out of doors, or rather on a sleeping porch, and had proper diet.

I invariably add subculoid inula-echinacea to the solution instead of guaiacol, for I believe it will do just as much good as the guaiacol. It is very seldom that a patient will have a chill following the injection I find, and when they do, it comes on within half an hour after giving the treatment.

I intend, as opportunity presents at the city hospital, to try this treatment for septicæmia following abortion, for I believe it will prove a good remedy in such cases.

I have used the solution without the echinacea comp. in cases of arthritis due to uric acid, and it is wonderful how the pains and inflammation will melt away after its use. There is marked improvement in an hour, and in a few hours the joints are supple and the patient is converted from tears to shouts of joy as it were. But why shouldn't it when the uric acid is distributed to the articulation by the blood and it would be natural, that as soon as the acid was neutralized improvement would begin.

I had enough confidence in the remedy to use it on my wife, who has such an aversion to salicylates that she can't take them. In her last attack she was bedfast and hardly able to turn in bed when I used the intravenous treatment. The next day she was walking about the house.

It seems to me that this method of treating rheumatism is far superior to administering the remedies per os. I have

had good results even in the early cases of arthritis deformans. We cannot expect these results in rheumatism, however, unless it is due to uric acid. I have used the treatment in cases with an organic heart lesion without any shock or ill results following.—Ellingwood's Therapeutist.

### "PACIFICISM"

Dr. Axel Emil Gibson, Los Angeles, Cal.

Pacifism is a soap-bubble which draws its life and endurance, not from the energies generated in its own movements, but from the boost accorded it in the publicity and general concern given to it by some thoughtless newspapers.

To publish the sensational interviews of its leaders, and put their made-to-order arguments up to the unsophisticated judgments of a sympathetic public unaccompanied by editorial comments as to the deeper significance of the principles involved, is practically a form of propaganda for the movement itself.

The most worthless weed, if supplied with air, water and sun, will speedily develop into a serious agricultural menace; while on the other hand, its exclusion from any outside source of stimulation will as surely lead to its self-extermination.

In its criticism of our government, "Pacificism" does not present a single worthy, sound, independent consideration which is not already a living part in the very organization it sets out to criticise.

For no "Pacifist" can love peace more than the loyal, faithful, self-sacrificing defenders of this nation under God. But in place of being willing to pay the only price for which peace at present can be obtained—which is the price of war with its inevitable sacrifice of life and treasure—the "Pacifist" is ready to sacrifice the integrity of his national selfhood, the solidarity of his country and the safety of the very government by and through which he is honored, supported and protected—ready to fling away the whole glorious heritage of national independence and individual freedom, once won for him and for us by the self-denying, self-sacrificing service of the martyrs and heroes that in their time loved peace so highly, so dearly, so truly as to be ready to die, and did die for it—for the pottage of a false, patched-up, bogus semblance of peace.

The "Pacifist" may love peace; but he loves it like an ignorant, sentimental mother loves her spoiled, egotistic, ungovernable child—too dearly for discipline; he loves it like a beggar loves his rags, exerting his ingenuity in stretching them to continue to serve as a wretched shelter for his depravity, in



place of exerting himself to earn a more worthy equipment; loves it like a parent, who, for fear of the surgical knife, suffers the child to develop into a useless cripple.

Nor do we deny the possible sincerity of the "Pacifist's" motives. But his vision is dimmed and made unreliable by the presence in his mind of an unreasoning fear. Realizing the horrors of war—its submarine terrors, its loss of life, its destruction of civilization, he fails to realize that the only safe, sane and successful way to deal with the menace is to calmly, courageously and determinedly bring the ghostly panorama to a close by a destruction of its very cause, rather than to throw up one's hands in holy horror and try to run away from it.

In his love for individual life the "Pacifist" risks the loss of his national life. For life loved for its own sake leads to its loss. "Whosoever will save his life shall lose it." In the unreasoning fear of death, which springs up from his self-love, the "Pacifist" assumes the attitude of a certain type of soldier who from the very fear of death has been found to commit suicide on the eve of battle. His fears so overruled his reason that in his terror he inflicted upon himself the very fate for which of all he bore the strongest fears.

Life as mere existence is not the aim of humanity. Putrefaction itself is life. Humanity is not—must not be—satisfied with the life of weeds, vermin or reptiles, but endeavor to attain the healthy, virile, humane and useful life of self-determining, courageous citizenship. Not the **descent**, nor even the **level**, but the **ascent** of life is the keynote of evolution.

Through his failure to realize his solidarity and responsibility to humanity outside himself, his family, his friends, the "Pacifist" is circling around in the eddy of fear isolated from the wide-sweeping stream of international, interhuman life. His disloyalty to the government is that of a panic-stricken child, rather than a self-conscious betrayer of his country. For what but an insane mind can oppose the action of a government engaged in a life and death struggle to insure human rights and liberties to a world threatened to extermination by a foe who, with tireless, undiminished energy, breeds terror and despair, murder and rapine to the innocent and guiltless—aiming at nothing less than the ruthless destruction of the core and heart of an entire civilization?

Can human beings, in possession of sanity and reason, conspire to plot against a nation while every fiber of its manhood is enlisted in raising funds and energies to fight the greatest battles of its historical existence? Can a balanced mind look with defiance and enmity upon the efforts of a patriotic, free-



dom-loving people in its labors for love of country and home, for peace and virtue as represented in the "Red Cross," "Liberty Bond," "Food Control," "Industrial Embargo," "Military Service," with ever-present individual sacrifice by rich and poor, high and low, ignorant and college bred—all joining hand and heart to form a chain of consanguinous, love-lit, faith-inspired intersolidarity, moving in unison toward the same sublime aim—democracy—with its freedom to live and to love, to pray and to cherish in the name of the great ideals that blaze out the course for every mind conscious of human brotherhood.

It is the negative, reactionary attitude of the "Pacifists" that reduced the Stockholm convention to a noncommittal, spineless farce; and it is the presence of the same devitalizing, anarchistic element in Russia, inspired by the Germans influencing the soldiers not to fight autocracy, that lies at the root of all the mutinies of the Slav army and the repeated life-and-death struggles of their newly fostered republic.

To accuse our President of having refused peace to Germany proves another failure of the "Pacifists" to see and comprehend the reality of the present crisis. The President is ready to make peace—but with whom? With Wilhelm the Hohenzollern? With the man who deliberately treats time-honored, bona fide international treaties as mere scraps of paper, who has violated every principle of human rights and conscience; who is preparing his peace propositions, not in accord with justice and humanity, but in accordance with the success or failures of his army? Would it be safe to stake the welfare of the entire civilized world on the agreement with such a man, constantly facing the risk of having the unspeakable world-tragedy repeated at the next best opportunity of a retaliating Prussian militarism?

The only party with which peace can safely be arranged is a disillusionized German nation—but the latter has not yet arrived. It is for this new power that Mr. Wilson is waiting to conclude a peace "which will be based on justice and fairness and the common rights of mankind."

But until such time has arrived the crusade against autocracy with its iron rule that "might makes right" must continue. And to sustain this pledge of righteous war, obligated by the land of freedom to the lands of distress, this country must procure and make sure its nerves and sinews of war, which has its consummation in the moral or physical suasion of its individual forces. This is the choice of the enlightened vision, coupled with the heroic act in the spontaneous voluntary individual sacrifice.

Yet where is the crisis involving the necessity of vital sacrifice that has not required coercive discipline? How can we expect average human nature to offer itself willing for the personal sacrifice when we cannot trust ourselves with the voluntary performance of social, fiscal and communal duties of ordinary life. How many children would go to school if not enforced by law? How many adults would pay their taxes if not compelled by authority? How many citizens would come up to their general humdrum duties as men and women if not coerced by law and social custom? Nature herself in the survival of the fittest enforces an inescapable discipline in her domain—and compliance with her rule can alone secure progress of her entities. Hence, to rely upon voluntary forces to fight our battles with a foe whose resources represent half a century of intense military preparedness, involving in its armamentation the latest device of scientific ingenuity, coupled with the utter absence of moral scruples, would simply mean to precipitate upon our head the whole frightfulness of Prussian retaliation.

Nor can the "Pacifists" fall back upon the Bible as holding out prospect of a false, unmanly and unholy peace to the world. "Think not that I am come to send peace on earth (only); I came not to send peace, but a sword." "For this great book," says President Wilson in one of his speeches to the American people, "does not teach any doctrine of 'peace' so long as there is sin to be combated and overcome in one's own heart and in the great moving force of human interrelationship."

At the gateway of every earthly Eden hangs a two-edged sword. Peace like health, is not a gift, but an attainment, and only those who have earned peace shall possess it.

## ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

The forty-fifth annual session of The Eclectic Medical Society of the State of California and the twenty-second annual session of the Southern California Eclectic Medical Association will be held jointly in Symphony Hall, South Hill Street, Los Angeles, on Thursday, Friday and Saturday, May 23, 24 and 25, 1918; the session opening at 10:00 a. m.

The following section officers have been appointed:

Materia Medica and Therapeutics—President, J. A. Munk; Secretary, H. T. Webster.

Practice of Medicine—President, E. A. Ormsby; Secretary, A. P. Baird.

Pediatrics—President, H. V. Brown; Secretary, Janet D. Quinn.

Surgery—President, Ira A. Wheeler; Secretary, O. C. Welbourn.

Obstetrics and Gynecology—President, R. O. Hoffman; Secretary, J. B. Mitchell.

Genito-Urinary and Skin Diseases—President, A. J. Atkins; Secretary, J. B. Bainbridge.

Ophthalmology, Otology, Laryngology—President, H. W. Hunsaker; Secretary, J. C. Solomon.

Roentgenology—President, T. C. Young; Secretary, P. M. Welbourn.

Bacteriology and Pathology—President P. M. Welbourn; Secretary, Chas. Clark.

Hygiene and Sanitation—President, Oran Newton; Secretary, Laura E. Rauch.

Entertainment Committee—J. A. Munk, O. C. Welbourn, Clinton Roath.

State Society—H. C. Smith, Pres.; H. T. Cox, Sec.

Southern California Society—H. V. Brown, Pres.; H. C. Smith, Sec.

## SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

## NEWS ITEMS

Dr. W. E. Smith, Whittier, has a new Cadillac automobile.

Dr. O. E. Dahlen has changed his residence to 666 South Bonnie Brae Street, and will open an office at 660 South Alvarado Street, as soon as the new building at that location is completed.

Dr. B. R. Hubbard, Los Angeles, who suffered a slight stroke of paralysis recently, has recovered and is back at work.

Miss Margaret Hanson, formerly of the Westlake Hospital, was married on April 6th, to J. A. Wood, and will reside in Long Beach. On the same day Miss Suzanne Tracy married Sergeant Samuel Alexander, and will reside in San Diego for the present.

Dr. H. R. Evans, Trona, Cal., a graduate of the C. E. M. C., has been ordered to the Base Hospital, Camp Kearney, for active duty. He was commissioned a first lieutenant some months ago.

Dr. Harry Solomon, of Boston, son of Dr. J. C. Solomon, Los Angeles, has been called into the service and is stationed temporarily at Cape May, New Jersey.

Dr. M. A. Welbourn, with the A. E. F. in France, writes that he is in charge of an Infirmary near the front lines, and if "the American people knew what was going on they would be proud of their troops over here." The Camp Infirmary is located in a shell proof basement under a stone house, and the sick are kept only 24 to 48 hours, at which time they are either returned to the lines or sent to the rear.

Dr. and Mrs. G. W. Weyl have returned to their home in Decatur, Illinois, after spending the winter in California. Dr. Weyl has retired from active practice and spends his time overseeing his farms.

Dr. U. C. Coe of Bend, Oregon, accompanied by his mother, widow of the late Dr. Coe of San Francisco, was in the city for a few days last month. They were enroute to New York to visit a brother of Dr. Coe.



# The California Eclectic Medical Journal

Vol. XXXIX

JUNE, 1918

No. 6

❖ Original Contributions ❖

## VALUE OF X-RAY IN DIAGNOSIS OF BONE AND JOINT PATHOLOGY

T. C. Young, M. D., Glendale, California

Read before the Los Angeles Eclectic Medical Society

I wish to mention a few diseases in which the X-ray is of value in diagnosis. In order that it may be of value the X-ray technique must be perfect to bring out a clear medulla and lamella. Until this was done X-ray was of very little value, except in diagnosis of fracture.

In bone X-ray the large machines are not necessary because speed is not necessary. All bone radiographs, with the exception of antrums and sinuses, should be taken with a medium low back up and a medium M. A., give plenty of time and by so doing you will get a clear contrasting picture with lamellar detail. For example: a knee, using a medium focus Coolidge tube, I would suggest a tube setting as follows: Distance 21 in., M. A. 35, S. B.  $4\frac{1}{2}$ , time 5 sec. without screen, using Seeds Plates.

Then proper angulation means considerable, never try to make a diagnosis by a single exposure. In my work I use a multigraph apparatus. With this I take four pictures on one 11x14 plate, two angles for bone detail and two for tissue detail, consequently the plate and developing expense is no greater than a single exposure. Just a word regarding the protection of your patient. As some patients are more susceptible to erythema than others do all exposure work through 2 mm. of aluminum; this will eliminate many of your superficial non-penetrating rays, which produce most of your X-ray erythema. In sinus work I would recommend the aluminum plus the intensifying screen so you may cut down your time

from 10 sec. to 3 or 4 sec., and thereby safeguard yourself from mal-practice suit for producing an alopecia, etc.

The first condition I wish to mention is that of rheumatic arthritis; this is considered a destructive process to the soft parts, and a productive to the bone structure.

The first X-ray finding is narrowing of the joint space; second, sharpening of the articular outline; third, lipping of the articular edges.

Tophi in rheumatic gout do not show in X-ray where calcareous deposits do, but do not show cancellus bone formation or lamella. The most frequent region where X-ray is necessary in this particular condition is knee and lumbar spine.

Scurvy and rachitis both a nutritional disorder, but show some very clear diagnostic differences. In rachitis the epiphyseal line of the diaphesis is combed and cup-shaped, where as in scurvy diaphesis is sharp and well defined cup-shaped. These two points linked up with clinical and objective symptoms are sufficient to arrive at a differential diagnosis.

**Periostitis:** The most frequent types are traumatic (or subperiosteal hemorrhage) and syphilitic. In syphilitic periostitis we have a very different shadow, which is lamella proliferation under the periosteum without involvement of the medulla. In hemorrhagic and traumatic periostitis the periosteum is elevated and a dark rarified line will appear.

**Osteomyelitis.** The type we cannot diagnose. You can not see germs with X-ray, all you can say is of the destruction. You have a tendency to sequestrial formation with involvement of the medulla; this differentiates it from periostitis, for in periostitis the medulla is never involved.

Malignancy diagnostic points:

1. Irregular bone formation.
2. Medullary involvement.
3. New bone formation.
4. Irregular regeneration.
5. Destruction of bone tissue.
6. Tumefaction.

Osteo-sarcoma diagnostic points:

1. Cortex blown.
2. Joint not involved.
3. Cortex and medulla involved.
4. Tumefaction.
5. Subperiosteal regeneration (irregular character).
6. Occurs in shaft.

Carcinoma usually secondary:

1. Destruction.

2. No regeneration of bone.
3. Does not affect articular surface.
4. No tumefaction.

Hemorrhagic osteomyelitis a close kin to carcinoma or T. B. osteomyelitis. The X-ray findings are:

1. Blown appearance.
2. Increase rarification.
3. Less involvement of shaft than in T. B. or malignant disease.

I wish to say these are very unusual conditions, the content is somewhat similar to a Brodie abscess with a layer of giant cells on the inner wall of the abscess. The etiology has not yet been determined.

**Tubercular arthritis.** This disease is a very frequent one and is very hard to differentiate from syphilitic arthritis. Several men of considerable experience differ as to the possibility of a differential diagnosis by X-ray. Dr. W. M. Myers of N. Y. P. G., Dr. Hursch of Bellevue, claim it is possible. Dr. Roberts of N. Y. Hospital, claims it to be impossible.

The points claimed by Myer and Hursch are as follows:

#### T. B.

#### Syphilis.

- |   |   |
|---|---|
| 1. Destruction or erosion of articular surface.     | 1. Blank.                               |
| 2. Absorption of lime salts.                        | 2. Blank.                               |
| 3. Regeneration of callus.                          | 3. Blank.                               |
| 4. Primary affection in cancellous bone.            | 4. Blank.                               |
| 5. Atrophy of bone and soft tissues always present. | 5. No atrophy of bone and soft tissues. |
| 6. No tendency to recover.                          | 6. Tendency to arrest of the process.   |

## EYESTRAIN AND ITS RELATION TO THE GENERAL PRACTITIONER

J. Fraser Barbrick, M. D., Boston, Mass.

Under the present status of general medicine, the physician who is not somewhat familiar with the condition we rather loosely call eyestrain and its far-reaching and pernicious effects, is not ordinarily conversant with present-day medical literature and must be many times in error in his diagnosis of certain conditions and cases, and, therefore, wrong in his treatment of them. This being the case, that physician is handicapped to just that extent in the successful handling of

his practice. We cannot and should not all be specialists, but we all should have a general knowledge even of special subjects, and the general practitioner should have a familiarity extending even to a practical working knowledge of them, to be able to advise properly the community he serves. That we may all gain a clearer understanding of eye-strain, its causes, symptoms and results, I will endeavor to discuss it in this paper from the standpoint of general rather than special medicine.

**Definition.**—Under the present loose application of the term, the following definition is as brief as I can give and yet be comprehensive. Eyestrain, or asthenopia, embraces weak or painful vision, with a condition of eye fatigue usually accompanied by reflex symptoms, and which may or may not be associated with, or the cause of, functional disorders general in character, the whole causing much mental and physical suffering and produced as the result of an effort of the ocular apparatus to overcome some insufficiency or abnormality, or to do work beyond its physiological capacity.

I shall not go into a discussion with the extremists, who, on the one hand, argue that every error of refraction or every case of muscular imbalance must sooner or later cause functional disturbances and reflex troubles, or even organic diseases somewhere; and who, on the other hand, deny the theory of the reflex causation of disease and scoff at the idea of the eye being the source of any reflex disturbance or functional disorder. I believe in the happy medium and take the reasonable position that there is a basis of truth in all theories, and that while every case of migraine, headache, vertigo, nausea and vomiting, blepharitis, conjunctivitis, chorea, epilepsy and neurasthenia, etc., is not due to errors of refraction or imbalance of the ocular muscles, many such cases are due to disorders of the visual apparatus, and eyestrain as a possible cause in all these and many other conditions, should always be kept in mind by both specialist and general practitioner.

**Causes and Varieties.**—Pohlman, from the standpoint of the phylogenesis of the eyes of animals and man, divided his cases of eyestrain etiologically into two general classes: (1) Those caused by errors of refraction, and (2) those due to muscular imbalance. While his evolutionary theories may not be correct, for the purpose of this paper this classification is the simplest and best I know of, and for all practical purposes these two causes are all we need consider here.

Now we will briefly discuss these causes and the manner in which they produce the syndrome of symptoms we call eyestrain. While the optically perfect eye is a physical im-



possibility in a living, changing organ, the comparatively physiologically perfect eye is not so unattainable, though even it is rarely found. In a physiologically perfect eye in a state of absolute rest, parallel rays of light are so exactly focussed that the picture transmitted from retina to brain is perfect in its definition. This state of absolute perfection is never present even normally, as almost all animals and children are born with optical defects, being either farsighted or astigmatic, and to enable them to overcome these defects, or to compensate for them, the ciliary muscle was placed in their eyes, and with it they not only correct the images of distant objects, but focus near-objects, as in reading and writing. Now, if during the period of growth, the anatomical development of the eye is normal, these optical defects of birth comparatively disappear, the ciliary muscle has only its normal accommodation to perform, parallel rays are focussed exactly on the retina with the eye in a state of rest, refraction is normal, there is perfect muscular balance, vision is easy, images are clear, and the eye is said to be emmetropic and orthophoric. With such an eye it is questionable whether there would ever be any strain on its seeing function until presbyopia, or old sight, the physiological change which sooner or later occurs in every eye, sets in. But if during the period of growth the anatomical development of the eyes is abnormal and we have a continuance or exaggeration of, or additions to, the defects of birth, and in addition to the errors of refraction or because of them there is muscular imbalance, then parallel rays are not exactly focussed on the retina with the eye in a state of rest, refraction is not normal, vision is painful, images are distorted and the eye is said to be ametropic and heterophoric. With such an eye the ciliary muscle is excessively used and is constantly straining to overcome the refractive error, while the extra ocular muscles are making an abnormal effort to balance the motor apparatus and preserve single binocular vision, and at last nature rebels and we have the phenomena of eyestrain as the result.

**Symptoms.**—To describe fully and analyze the reasons for all the symptoms that may accompany eyestrain would be too great a task. Many of them, especially the reflex symptoms, are heard in the consultation rooms of every physician, from all sorts and classes of patients; so in this article I will endeavor to lay stress on only those that would suggest a special or probable connection with the ocular apparatus and which should always be remembered in that connection by the general practitioner.

First and foremost is headache. In all cases of headache

that have any degree of periodicity or persistency I would advise you to first eliminate the eyes as a possible cause before going on to any form of treatment. But especially are the headaches which occur regularly, are worse in the afternoon, are aggravated by use of the eyes for near-work and are relieved by rest, to be suspected as ocular; and nine out of ten such cases will be found to be either hyperopic or astigmatic, or both, and when the error of refraction has been corrected the headache will disappear.

Second is fatigue of the ciliary muscle, if accommodative; of the extrinsic muscle, if muscular. In such cases, when the eyes are used for near-work for more than a short period at a time, there is discomfort, dimness of vision, confusion of images, pain and soreness in and about the eyes, headache of a frontal character, if accommodative; of an occipital character, if muscular—though both often go together and both may be caused by close work. Theater-going or sightseeing, drowsiness, photophobia and congestion, itching and burning of the lids, etc., all symptoms being worse at night when artificial light is used or when the patient is tired. With some or all of these symptoms present in a case, the first thing to do is to determine the conditions of the refraction and motility of the ocular apparatus, and in the majority of patients with such symptoms, even if others are present elsewhere which seem to overbalance them, you will find eye troubles which, when corrected, will clear up not only the symptoms referable to the eyes, but many of the other symptoms as well.

And that brings us to the third and last, but not least, reflex symptoms, or those functional disturbances not always distinctly referable to the seeing function or motility of the eye, such as nausea and vomiting, vertigo, migraine, epilepsy and chorea, twitching of the facial muscles, torticollis and habit spasms, neurasthenia, and possibly other obscure psychoneuroses. With the first two sets of symptoms most everyone would sooner or later connect the visual apparatus, but it is no easy task sometimes to convince the general practitioner, who has not given much thought to the matter, that such disorders, for instance, as migraine and epilepsy, might or could be due to eyestrain. But, given a patient with a highly sensitive temperament and an underlying nervous irritability, either inherited or acquired, without which no amount of reflex irritation would cause an explosion, but with which an attack may occur from any one of many causes—in such patients there is certainly a clinical basis for the assumption that eyestrain may be a factor in some cases; and there is a large and ever-increasing mass of testimony being recorded as to cases

in which proper treatment of the eyes entirely, or very largely, relieved their symptoms. Nor is it so hard, on second thought, to connect the eyes as a causative factor with twitchings of the facial muscles, convulsive tic, spasmodic torticollis and habit spasms, which greatly resemble chorea, but which are entirely different. Take a case of orbital or muscular abnormality, in which one eye is on a higher plane than the other, and to avoid a vertical diplopia the head must be carried tilted more or less to one side. Or take a case of marked astigmatism with an oblique axis. As Gould suggests, these individuals, to get the more distinct vision of the vertical lines in the letters, must tilt their head till the axis becomes vertical. In these cases, because of the continuous strained postures of the head, the possibility of spasmodic torticollis, habit spasms, and even compensatory lateral scoliosis as results, should never be forgotten. Or, take a case of light refractive error in which distinct vision is obtained by continuous straining; the ciliary muscle becomes tired, the ciliary body congested, and the pains reflected along the nerves of sensation, account for many a migraine, hemicrania and neuralgia, which in such cases is easily overlooked, because there is comparatively perfect vision. Or, in a case of muscular fatigue, not infrequently in the effort to supply additional stimulation to the tired eye muscles, adjoining muscles are innervated, and we have twitching of the lids and facial muscles, or even a convulsive tic. Or, take a case of astigmatism and failing compensation; to such patients many letters look alike, round objects are more or less oval, square ones oblong, and to all intents and purposes they are reading proof all day long. In this class of patients, is it too much to claim that the cerebral fatigue which comes from the constant strain of interpreting retinal images distorted by refractive anomalies, and the brain fag resulting from the performing of a constant series of mental judgments as to the actual form of external objects, may sooner or later be followed by a train of symptoms, such as nervous irritability, depression of spirits, physical and mental fatigue from the slightest efforts, stomach disorders and various functional disturbances and neuroses without any discoverable organic lesions, to which we apply for want of a better, the term neurasthenia?

Now, I think I have called your attention to a sufficient number of the conditions that may result from abnormal eyes and explained sufficiently the ways and wherefores, so I will say a few words as to the diagnosis and treatment.

**Diagnosis.**—While it goes without argument that the exact diagnosis of eyestrain must be along certain lines that neces-



sarily require special training, yet any good general practitioner should be able to recognize or suspect an abnormal condition of the eyes when he meets it, and should be able to make at least a partial or tentative diagnosis in certain of his cases, which may be of vast importance in their successful treatment. Every physician should be familiar with the normal refraction and what is considered as the standard of vision and motility of the eyes, and should have a sufficient understanding of refraction and motility to use intelligently a test card, an astigmatic chart, a small set of prisms, a candle and a Maddox rod. And with this working knowledge, which should be just as essential as a knowledge of the normal heart sounds or the percussion note of normal lung tissue, and with this simple outfit, which should be as much a part of a well-equipped practitioner's office as a stethoscope, any physician can readily determine the presence of an abnormal ocular condition that may be the cause of an eyestrain and its accompanying disorders. And suppose an abnormal condition is found? Since most of the functional difficulties alluded to may result from other sources of irritation than the eyes, it becomes necessary to decide, if possible, whether these organs are or are not the important causative factors in the case. This can be done in two ways and by any physician. First, by the use of atropine we exclude the accommodation, and second, by the wearing of a pad over one eye muscular fatigue from the effort to avoid diplopia is temporarily prevented. The cessation of symptoms under these conditions would point pretty conclusively to the eyes as the source of the trouble, and the results produced by these means should be capable of perpetuation by suitable glasses or proper treatment of the muscular imbalance, though the opposite is not always true, for many cases in which the symptoms persist in spite of atropine or pad, yield in time to suitable glasses, treatment or an operation. These simple methods of examination and easy diagnostic tests should be in use in every physician's office, and their routine use in all suspected cases would many times prevent grave errors in diagnosis and treatment. To carry the examination further would come within the scope of the specialist, who is competent to work out fully the possible latent conditions.

**Treatment.**—This is the one point in the subject that has little or no relation to general medicine, as I consider the treatment of all cases of eyestrain to be entirely within the domain of the specialist, and the treatment of many of them will tax to the utmost even the resources of the most experienced oculist. So, therefore, in concluding, I advise you to send all



your cases of eyestrain to the best oculist within reach for treatment, for, while inexpert work is often perfectly satisfactory to patients in ordinary conditions, and in individuals in whom nature has great compensatory powers and the error has been brought within the limits of those powers, the majority of cases require such a close correction of the refractive error and such a perfect alignment of the muscular imbalance as can only be given by the most careful, painstaking and expert specialist.

### INTRA-UTEROLOGY

Intra (within) ; utero (uterus) ; logy (science of).

Henry M. Owens, San Francisco

Intra-uterology is the doctrine or science explaining the nature, causes, effects, conditions, environments, surroundings, sensations and impressions received by the mother, and by her transmitted or imprinted upon the embryonic child while within the uterus.

The doctrine or science explaining that which takes place within the uterus. The doctrine or science explaining the great third cause, i. e., the biological causes other than hereditary and functionable changes. This science explains the biological conditions not traceable to heredity or functionable changes.

#### Intra-Uterology or Prenatal Influences Transmissible

The first illustration of "Intra-uterology" took place shortly after the birth of Joseph, son of Jacob and Rachael, when Jacob said unto Laban: "Thou knowest how I have served thee and how thy cattle hath fared with me. Thou shalt not give me aught; if thou wilt do this thing for me, I will again feed thy flocks and keep it. I will pass through all thy flocks today, removing from thence every speckled and spotted one, and every black one among the sheep and the spotted and speckled among the goats and black among the sheep; and of such shall be my hire, and if thereafter any of the sheep and goats that were not spotted and speckled were found with Jacob, that Laban might consider them stolen." The contract was entered into and Laban and his sons took the spotted and speckled cattle, sheep and goats and journeyed for three days, leaving none but those cattle, sheep and goats that had no white in them.

Now it is presumed that Jacob had given this subject at least some study and believed that if he produced a new and startling effect upon the sight, nerves, and senses of the cattle,

sheep and goats that it would produce a like effect on the foetal life, hence: "And Jacob took his rods of fresh poplar and of almond and of plane trees and peeled white strakes in them, and made the white appear which was in the rods. And Jacob set the rods, which he had peeled over against the flocks in the gutters and in the watering troughs where the flocks came to drink and they conceived when they came to drink and saw the rods and the flock brought forth ring-streaked and speckled and spotted." That only the strong and healthy was considered as being more likely to be effected by the rods, Jacob exhibited these striped rods only to the strong, and hence Laban received only the weaker of the flocks and Jacob's flocks increased exceedingly and he had large flocks, maid and man servants, camels, and asses. (Gen. 30th chapter.)

Without doubt the above has been accepted as authentic for nearly six thousand years, yet in all of the treatises on prenatal influences transmissible it has never been quoted to our knowledge. The following quotations from the Bible are significant as to the future of the human family: "Behold I set before you this day a blessing and a curse. A blessing if ye obey the commandments of the Lord your God, and a curse if ye will not obey the commandments." (Deuteronomy 11:26 et seq.)

Therefore when the law of nature or of God has not been obeyed, if a woman enciente should be surrounded by miserable people, if her happiness is marred by ill treatment or poverty, brought about by those whose duty it was to provide for her, or if ill will lurk in her soul towards her husband or towards her neighbor, if she is forced to steal or rob; then these conditions will be imprinted upon the foetus, as promised in the following words: "And they shall be upon thee for a sign and for a wonder and upon thy seed forever." Deut. 28:36.)

"Keep therefore the words of this covenant and do them, that ye may prosper in all that ye may do." (Deut. 29:9.)

With the foregoing for our foundation we will proceed to outline our views as to the effect of scenic and other impressions made upon the mind of the mother while enciente. We are not unmindful of the fact that we are treading closely upon an almost undeveloped science, but we trust that some little good will come from the result of our investigations, not to any particular class of people, but to mankind in general.

We are also aware of the possible misapplication of our views by the astute criminal lawyer in defense of the criminal class, but on the other hand it may be justly used in many

classes of crime, for there are thousands of people brought forth into this cold and uncharitable world through no choice or voice on their part, under circumstances, while legitimate, yet in a moral sense criminal on the part of their progenitors.

Our position is that we do not charge up the deficiency of the weak and criminally inclined to heredity alone. We believe that heredity has a small share of the blame, but the greatest and the major portion of the misfits in the human family are due to the lack of health, mental condition, prosperity, happiness, and surroundings of the mother during the period of conception and gestation, therefore if we succeed in opening the eyes of the mothers of the nation and show them wherein they may bring forth their young under proper conditions without the imprint of wrong impressed upon the child while the blood of the mother is transmitted by absorption through its body, we will have accomplished our purpose and we believe that crime will then be reduced to a minimum and the world will be peopled with a healthier and a more contented population.

Mankind is but a few degrees removed from the savage, and on the least provocation is ever ready to snarl and bite; and, but for higher education and proper laws and rules for their guidance, breeding and raising, man would retard instead of advancing. How long it has taken us to arrive at our present status is a question of mere conjecture, but suffice it to say that all of us agree that the past century has been a continued series of enlightenment, each day advanced a step nearer to perfection than the yesterday, until we now find ourselves nearer the goal of perfection than we ever were before. The people of today have become investigators and are inclined to look for the good in all things and are more capable of viewing things with a clearer understanding than we were the day before.

Man has always been master, even in his weakest and most abandoned condition; but in his weakness and degradation he has been the foolish and incompetent guide over his own destiny; but when he began to reason and reflect upon the causes of his foolishness and incompetency, and to seek diligently for the law upon which his being established, he then becomes the better enabled to direct his energies and efforts with intelligence, and shaping his knowledge to beneficial issues. When acting upon the principle that we are the makers of our characters, the moulders of our lives and builders of our destinies, we can plainly discern wherein the mother during the period of gestation may unerringly impress upon the child good or bad as she allows the good or bad to attract her at-



tention; but if she will watch, control and alter her thoughts and impressions as a means of obtaining a knowledge of understanding—wisdom, power and goodness, and refuse to allow any of the bad impressions to linger in her memory, then she can expect to produce an intellectual offspring. A continual seeker of knowledge sooner or later finds that the door of the "Temple of Knowledge," happiness and prosperity will be opened unto her. Thus she imprints upon the mind of her child that same desire; for every thought-seed implanted upon the mind of the mother and allowed to impress itself on her memory produces its own thought-plant in the child and bears its own fruit according to opportunity and circumstances; good thoughts will bear good fruit and bad thoughts bad fruit.

A man can not sink to the depths of degradation by the tyranny of fate or circumstances, but by the roadway of degrading, base and grovelling thoughts and desires. Nor does a pure-minded man fall suddenly into crime by stress of any mere external force; the criminal thought and imprint had long been secretly implanted there to be revealed only when the hour of opportunity arrived. At birth the being comes into possession of its own and no longer depends upon the heart blood of the mother and thereafter through every step of its earthly pilgrimage, it attracts those combinations of conditions which reveal themselves, which are the reflections of its own goodness, purity or impurity, its strength or weakness; for men do not attract that which they want, but that which they are; their whims, fancies, and ambitions are thwarted at every turn, but their inmost thoughts and desires are fed with their own food, be it foul or clean. Therefore the mother must not consciously or unconsciously allow any base or unclean thoughts to enter her mind nor allow herself to be impressed with any degrading act of another, lest she reproduce the same upon the child as photographer does a picture on a photographic plate. The nerves and muscles of the body are but the servants of the mind. They obey the operations of the mind whether consciously or unconsciously impressed by some object suddenly placed in the line of vision, hearing or touch.

There is no limit to a mother's power to influence the destiny and character of her child if she will begin in time. In the embryo the physical takes form first, then the brain areas that control mentality. Hence the first influences upon the coming child are chiefly physical. In the early months of pregnancy a mother should pay special attention to hygienic and beautiful surroundings. From conception to birth the



attention of the mother should dwell strongly on everything which tends to suggest perfect physical health, mentality, complexion, shape, and beauty, because the infinitesimal spermatozoa has now become a part of her own body and the blood which flows through her veins also flows by absorption through that of the child and whatever changes her blood must by all sources of reasoning affect the physical condition of the babe in her womb.

History tells us that Greek mothers, before the birth of their children lived in houses which were made beautiful in every manner that Grecian artistic taste could suggest. Beautiful statues were placed in the mother's room that her eyes might rest on them and her mind follow in the direction of her vision. She was expected to assimilate ideas of strength, mentality, shape and loveliness, which in turn, would be transmitted to the child in her uterus. Therefore, her dwelling place was illustrative of ideas and mentality which it was desired that the child should be endowed with after birth. Copies of Raphael's masterpiece, the Madonna, are found on the walls of almost every Italian home, and are regarded with great affection and reverence by these people, and it has been observed that their children conform to this type of beauty, service and ordered to Fort Riley.

A mother relates: "I had always wanted an eloquent son, and when I found myself likely to bear my second child, I gave myself up wholly to hearing orators, reading poetry and classical works, and listening to every good speaker in the pulpit and lecture room, at the bar and in the legislature, on the bench and political rostrum, which accounts for the oratorical instincts of my second son. While carrying my third child and desiring an artist, I visited with a trained artist, the art studies of New York, Boston, Philadelphia, London, Rome, giving myself up wholly to the study and admiration of fine arts; in fact, I lived and dreamed of artistic beauty. When I conceived my fourth child we were building a house in the country. My husband was always obliged to attend to his business in the city and I was given charge of the construction. I worked out the details and specifications, continually had to explain the plans, paid the mechanics, looked after the farm, economized on materials and labor, and directed affairs generally, and our fourth son has extraordinary ability as a business man."

## THE RESPONSIBILITY OF STATE MEDICAL BOARDS IN THE PRESENT WAR EMERGENCY

C. E. Sawyer, M. D., Marion, Ohio.

The responsibility of state medical boards in the present war emergency hinges upon the proposition that medical boards have a special duty to perform in providing sufficient and capable doctors for both army and civilian practice during the war and in the trying reconstructive days following the war. That the discussion be directed aright it is well that we review the purpose and object of medical boards.

**How Medical Boards Came About.**—The thought which first prompted the inauguration of the medical examining boards was the protection of the profession against invasion of doctors' rights by the unscrupulous. But underlying this is a larger and more righteous principle, viz., providing for the people qualified practitioners of the healing art, who can care for the medical and surgical needs of the masses.

**Board's Duty.**—In other words, the duty of medical boards is to protect and help humanity rather than look entirely to the preferment of doctors. Therefore, the operation of medical boards must be reasonable and considerate, for they must help supply sufficient capable, efficient general practitioners to meet the needs of the times.

**High Standard.**—High standard in medicine is a commendable object all agree, but no matter how laudable the object it is possible to overdo, one may walk so straight as to fall over backwards. It is possible to even deceive ourselves as to what constitutes excellency, because we have employed the wrong rule of measurement.

**Standard of Service.**—The standard which meets the requirements of the people is the standard of service. What one can do to benefit the largest number of sick mankind is a far more important question than what do you know of theory, and what have you of doctorate or college degree.

**Needs of the Times.**—What is necessary at this time are general practitioners capable of meeting the needs of the common people. Before the war began the smaller communities were lacking medical attention because late graduates could not afford after such expensive and extensive preparation to accept the remuneration offered by small communities, and since the war this condition has been so much increased by the call to the colors of medical men that many country localities are now suffering for proper medical service.

**Lowering Standards.**—Do not infer from this that I am inclined to the lowering of standards, for I am not, but I do

wish to go on record as standing for a minimum requirement, which, free from all frills and non-essentials, will make good every-day doctors in the shortest possible time.

**Doctors in Service.**—With 17,000 of our profession already under commission, and many more being needed in the making-up of our next army, which is sure to be called soon, we have an increasing gap in our lines which requires foresight and thoughtful consideration to fill, and providing for this is one of the new medical board responsibilities brought about by the war.

**Complacency Unwarranted.**—Because of the urgency of conditions confronting, we dare not content ourselves with waiting and hoping. If we do, the medical profession will be in a worse state of unpreparedness than was our country generally at the outbreak of the war.

**If No More Were Called.**—If the government were not to call more doctors than have already been enlisted, it will require much increase in the producing power of our colleges to provide for the places of the men that have been called, and no matter what the demands of the war may be or when it may end, even should peace come soon, most of the profession now in military service will remain in the army for a period of three to five years at least and doubtless many will never return to civilian practice.

**Present Indications.**—From world-wide indications I have an abiding conviction that the United States will have need for military training and active military existence for years, so that most of the profession of medicine who are now enlisted and thousands more who will be called, will not engage in civilian practice again for years to come.

**Balance of Power.**—With the military demand, with ranks being decimated by death and the decline of age, which are out of proportion to production, we have great concern in the things which will help maintain a balance of professional power.

With cults growing, with substitutes increasing, the life and existence of medicine is threatened, and we should stop and take stock, and in taking stock we should arrange to speed up production.

**Pertinent Changes.**—To do this wisely and considerately we must sacrifice some of our very high ideals, correct inefficient policies and provide less strenuous ways for supplying new material to be converted into doctors. Looking at the proposition from any angle, it is apparent that special measures to meet the occasion must be adopted if we are to supply our depleting ranks.



**Where the Difficulty.**—In review, let us see what is wrong, where we are short and how may we recover.

**What Is Wrong.**—The present requirements of the medical student are so exacting as to eliminate as prospects a large number of capable men.

**The Student's First Observation.**—Under the present requirements the medical student starting in life is confronted with the fact that he must be a dependent upon some one else for his living expenses until he is twenty-seven or twenty-eight years old, and then for three more years only have a starvation business to provide for himself and his family. This, we must all agree from a business man's standpoint, is not encouraging, especially when other vocations are so much more alluring.

**Would Be Students.**—When young men who would be students of medicine see thousands of other fellows who have become successful business men, well established in a good business before the age at which they may be permitted to even engage in practice, naturally they turn to other pursuits.

**Professional Glory.**—It is well enough to talk of the glory of a great profession, but glory does not count against need. Philanthropy which does the most for the world begins at home, and no self-respecting young man dare remain oblivious to facts as they exist, for if he lack concern in such an important matter he would be but an incompetent doctor at best, and therefore, not the kind to be courted or encouraged.

**Established Doctors.**—It is easy for doctors well established in a good business to think lightly of conditions affecting the men who are to follow them. Such men usually give little heed to the necessity of having successors in training. Doctors generally hold on to all they have until they are compelled to yield, so the younger man, no matter how well qualified, has but little encouragement from the fellows already in the field. Altogether becoming a doctor is a difficult task.

**Not as It Should Be.**—This is not as it should be. If more careful consideration were given the matter, the system by which doctors are made could be greatly improved and much of benefit would accrue thereby. Time is the greatest asset any man has and the student's time should be conserved and so employed as to make every year count for the very most. I believe it possible by careful regulation of the medical student's education to save at least three years exacted by the present system of education. This, too, and still have the actual standard of service as high as at present. This being possible, it is the medical boards' duty to aid in the correction



of the present plan which demands so many years of student-ship.

Experienced educators tell us that it is possible, if our public schools system were organized on a more business-like basis and students were directed in vocational and professional channels earlier, to omit two years from the grades and another year could be eliminated by cutting out non-essentials from high school and college, thus three years could be saved before getting into medicine, and I have confidence to believe that another year could be eliminated from the medical course if we only taught men preparing for general practice the things which are really essential to the making of a good general practitioner.

**Yielding Its Place.**—With the fact confronting that medicine is yielding its place to the very class we have tried to eliminate, viz., the cultists. That, too, because we have not taken account of the obstructions we have placed in our own way or because we are lacking in vision, self-satisfied and complacent in the thought of high ideals rather than serviceable aims.

**Why Hesitate?**—Since our country has had thousands of illustrations of unpreparedness in other lines, why should we not take heed and provide for present and approaching crises? Waiting means also weakening of forces and we must have numbers to be strong.

**Why Not?**—If medical boards actually wish to render a real service to humanity, why not arrange to do so now by immediate and positive action? Why put off from year to year the adoption of a progressive plan? Why not act at this meeting? Resolving never gets anywhere except when resolution is put into action. Why not this great Medical Protectorate of Federated Medical Boards assume the responsibility of establishing a new order of things? Why not create a committee now with full power to act?

**Legal Standing.**—Since medical examining boards are the only organizations with legal standing, why should they not in this great Federation of State Boards take action? It really is finally up to them to determine who are really fit. That being true, why should they not take into their own hands the regulations governing the making and admission of doctors? Why should they follow the dictation of associations, organizations, institutions, etc.? They know what affords sufficient education to make a capable doctor and what men will make commendable practitioners; so it should be up to them to say what the preliminary requirements must be; what standards will be acceptable; what colleges are capable of

producing doctors and what graduates are worthy reciprocal privileges. There is a way which the end sought may be evolved into a plan that will work now.

**State's Rights.**—The present policy of each state fixing its own standard is absurd. All who have given the subject thoughtful consideration realize the senseless restrictions and requirements of some states. If medicine is to maintain itself it must be broader than states' rights; it must be directed by a national principle based upon sensible conclusion, directed by a legalized body with power to act.

**Standardizing of Hospitals.**—With hospitals and colleges being standardized by at least half a dozen organizations, by various state board committees acting separately, nothing like a real standard can be accomplished. The federated medical boards are the only real authority for proper standard. They know what the public should have to meet the demands and they should not shrink from what they know to be a bounden duty.

**What a Federation Means.**—A federation of state medical boards means nothing if it does not do something to warrant a national existence. What this federation needs, as I see it, is a fixed plan of procedure put into immediate action whereby past discrepancies may be corrected and new policies installed, which will justify the medical boards' existence, safeguard the medical profession's perpetuity, and provide for the real needs of the people.

**Present Duty.**—This federation should create a committee with power to act in the following important matters:

A.—Fixing preliminary and pre-medical requirements at a minimum standard, consistent with a reasonable and regulated practical course. Eliminate non-essentials and get down to a basis of selection rather than election. I present here sufficient possible eliminations of non-essentials from the grades alone to shorten the medical student's course two full years in the grades, and I dare say experienced educators, looking to the making of practical medical men could readily eliminate at least another year from the college and medical course and still maintain a higher working standard than at present. The following eliminations from the nine grades indicate the possibilities:

1. **Arithmetic.**—(a) Elimination of all geometric work, including cube and square root; (b) elimination of the more advanced work in percentages, interest, exchange; (c) elimination of all involved problems in arithmetic. The above arithmetic principles can be introduced later in the pupil's

course and can be completed more thoroughly and at a saving of time.

2. **Grammar.**—(a) The elimination of the conjugation of the verb until later in the course; (b) more attention given to the sentence and sentence structure and less to technical construction; (c) less definition study and more practical expression work.

3. **History.**—(a) Elimination of so much date study without meaning to the pupil; (b) reducing the work to a more elementary character.

4. **Physiology.**—(a) Elimination of the technical phrases and stressing the hygiene.

5. **Geography.**—(a) Elimination of physical subject matter, also the mathematical part; (b) giving attention only to social and economic phases of the work. The elementary work preparatory for doing the high school work should be accomplished in at least six years, and then, if by selection, each pupil should be directed in that line of work in which he is most apt and best suited. By this plan the pupil should be well prepared for college at sixteen years of age.

B.—Standardizing of medical colleges on the basis of minimum requirement fixed by the federation along lines which would encourage students rather than discourage them. Why deal with A, B and C colleges? When any meet the established requirement, acknowledge them. When not, deny them the right, but in all instances be sure that the character is determined upon merit unprejudiced by personal opinion.

C.—Standardizing of hospitals on the basis of two classes: (1) The general teaching hospital, fulfilling all needful practical educational requirements. Said requirements to be fixed by the federated boards upon a standard that will encourage investment and endowment rather than over-ride and restrict. (2) Special hospitals which, because of particular preparation, are able to afford extra educational advantage, to be used either in affiliation with the regular hospitals or as an aid for higher and specialized scholarship or degrees.

D.—Fix a national reciprocal requirement which will be just and equitable. This could be accomplished easily by this federation empowering their executive committee or a special committee appointed for the purpose to draft a nation-wide plan of reciprocity and secure the accession of all states to its dictum.

Medicine of today should be broad enough to extend to all bearing any state's certificate the right to go where he chooses to practice his profession. Fencing ourselves in has helped to



fence us out and fields that should belong to medicine are occupied by more quacks and charlatans today, only under another guise, than ever before.

**All Scientists.**—It is not really necessary that all doctors be high-class scientists to give the medical service required by humanity generally, and especially in the smaller communities where the needs are of the commoner kind and where medical service is now being so hard to obtain. A reasonable fixed minimum standard should be sufficient to pass to the degree of doctor.

**Specialists.**—Specialists should be given enough extra degrees depending upon advanced training and extra proficiency, and from all such should be expected greater preparation and higher qualification. To be a general practitioner with a doctor's degree means one thing; to be a specialist is quite another. At present any man may elect to be a specialist, no matter what his training, and out of this has come much of injury to medicine.

If general medicine were to take a more moderate and broader course much of self-injury would be overcome and all cultism would be eliminated.

**By Elimination.**—It is possible by eliminating high-browed policies and taking a more practical view of things for the Federated Boards of the United States to eliminate all sectarianism, overcome the ever-menacing cultists, establish standards of practical excellence, provide for the increasing needs of suffering mankind, and still maintain a higher standard of excellence than heretofore. Remember that the elimination I recommend is the useless and impractical.

**My Prediction.**—I dare predict that medicine is at the beginning of a new epoch in its history when the chief attention of the doctor will be devoted to determining causes of diseases and treating them, rather than classifying them according to pathological findings and leaving them without attention. When medicine has gotten to that point where it thinks for itself again, much of present theory will be known as dross.

**What the War is Doing.**—The war is doing for the medical profession two great things: The laity are learning that the medical profession have much of responsibility and practical usefulness in military matters as well as civilian practice, and out of this is sure to come greater appreciation of our profession than ever before.

**The Profession is Learning.**—The medical profession is learning by experience in military training that knowledge of things effecting care, prevention and cure are greater essen-



tials to the perpetuity of medicine than is pathological findings and fixed nomenclature, which deals with names of diseases rather than causes of disorders.

**Military Doctors.**—The army demands practical things; military service demands the employment of common sense, and that which fits the army is equally applicable to civil practice.

**What Counts.**—What one knows of theory does not weigh with what you can do in practice, and since we are to become for years, at least, a more military nation, why should we not direct our course along lines of practicability that doctors may be produced to meet actual needs and not autocratic creeds. To render service to mankind rather than speculate in theory. Let's meet the pretender with reasonable pre-medical as well as medical requirements, and the cultist will become a doctor and much of objectionable, conflicting material will have been absorbed and thereby eliminated. When it is made reasonably easy for men to become real doctors they will cease being cultists, and if we, as medical boards, are really trying to help humanity, this will aid us in the accomplishment of our duty. To do this let us fix our educational requirements so as to conserve the students' time; eliminate impractical pre-medical and medical requirements.

Let our institutions be graded upon a reasonable basis. Let our medical boards fix the standards of hospital and reciprocal privilege and the responsibility of medical boards will be recognized, appreciated and substantiated, not only during the war, but for all time to come.

## PUT BOND INTEREST INTO STAMPS

Dont' take interest money from your government at this critical time if you can possibly avoid it. If the government owes you money, put it right back into other government securities.

Liberty Loan interest will be due in May. Several million dollars will be payable in Missouri. It is not likely that you need this interest to live on. If you take it you probably will spend it for luxuries.

Lend this interest right back to your government by purchasing Thrift and War Savings Stamps immediately. Buy the stamps right at the bank where you cash your coupons.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBOURN, A.M., M.D.**

Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBOURN, A.B., M.D.**  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

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J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## OUR WAR SCANDALS

It seems to be human nature to take advantage of an adversary whenever the opportunity offers and some of us are not too particular about adhering to the rules of the game. And as politicians are very much like other people we shall not suggest that they constitute the exception that proves the rule. With the advent of a state of war it became necessary to increase our fighting forces as rapidly as possible, and as we all know "haste makes waste." That many mistakes have been made and that much money has been wasted may be assumed to be true; and it is probably true that a few people have profited unduly if not criminally. Still we should not lose sight of the fact that we have increased our fighting forces ten-fold which is a fine record for a peace-loving people not at all versed in the practices of war. To accomplish so much means the exercise of considerable executive ability and perseverance. Should the reader be inclined to think otherwise we suggest that he outline how he would manage his own little business and satisfactorily take care of a ten-fold increase within the coming year. A little imagination will call up many pitfalls and economy is not the greatest of these.

It would mean a busy year, and with his competitor throwing a few bricks into his machinery from time to time enough disorganization might be effected to produce a failure. The way some people are flinging brick-bats around one would suppose that they had failed to grasp the fact that we are fighting the Hun and not this government. That our government is not being run to the satisfaction of the politicians who are "out" may be accepted without argument. Also we may conclude that the same would be true if the "outs" were "in" and the "ins" were "out." Therefore it behooves those of us who are not in the "political game" to maintain stability and work hard to win the war.

### THE OLD ECLECTIC COMPOUNDS

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

"Prove all things; hold fast that which is good."

In the up-stairs, or as some prefer to say in the up-steps of science, in medicine and in pharmacy, one is continually confronted with the fact that the old adage as above expressed, holds as well today as yesterday, even though the yesterday may be the period of a hundred years. One of the difficulties met by those who aim thus to assist in human progress and evolution is prejudice of environment, prejudice of education, as well as inborn prejudice that can be described perhaps best as "stubbornness." If one were to attempt to itemize, by title only, the many compounds that have been introduced into general therapeutics, often to become very popular, and then after a limited period of existence, to pass from sight, the man of research would be astonished at their number. One needs not go back to Arabian or early Egyptian therapy or the medicinal compounds of the Orientals, excluding Chinese simples and conglomerates, nor need he consider the compounds used in the days of Paracelsus, Galen and the literature of their days. Nor yet need the research be in more modern periods, such as included Culpeper, Lewis, Quincy, Boerhaave and others, who wrote in the centuries past, but yet in time language almost at our doors. In the epochs thus made, thousands of therapeutic compounds, enthusiastically asserted to be "cure alls" for various diseases, often, as were the elixirs, medicated waters and tinctures, accepted as having pharmacopeial recognition came into sight and passed away, as have many obsolete compounds, recognized in the Pharmacopeia of the United States, but a few decades ago.

Standing alone as a class to themselves, we find in the be-

ginning of the nineteenth century many compounds known as being peculiar to the Eclectic school of medicine, but so favorably accepted by the medical profession as a whole, as in some instances to find a place in the Pharmacopeia of the United States, as was the case with Compound Syrup of Rhubarb and Potassae (Neutralizing Cordial). Numberless have been the compounds thus introduced into Eclectic therapeutic journal literature as favorites, contributed by physicians, from such literature passing into Eclectic publications within covers, such as Beach's American Practice, 1832, Hill's Eclectic Surgery, 1850, and King's American Dispensatory, 1852. Closely following these, scores of domestic and professional works that now have a place on the shelves of the Lloyd Library, gave setting to original compounds as well as compounds improved, or at least revised, by the authors and others, all being designed for the cure of the ills of humanity. The most pronounced, as being the first of these publications, is Beach's practice, in which, in a volume consisting of but 279 pages, we find sixty-three pages devoted to medicinal compounds. Of these compounds, a number passed into the American Dispensatory, and from thence into pharmaceutical literature generally. Of this number, a few only are today generally recognized (either in substance or by title), and yet the few mentioned, as well as the many seldom named, are today, by physicians who use them, considered as valuable as they were in the days of Beach and the "fathers," nearly one hundred years ago. To this it may be added that these formulas of Beach have furnished numberless opportunities for advertisers of liniments, of cough syrups, and of cathartics, to such an extent that one would be astonished over the financial returns that have come to the advertisers, who so artfully institute new names for these old compounds and advertise them to the people, instead of to the medical profession. Let us with these remarks introduce a selected number of some compounds that are today increasingly in use, their qualities establishing the unquestionably above later introductions in the practice of physicians.

Take, for example, Beach's "Neutralizing Cordial or Mixture," page 220, a preparation that as originally devised was crude, containing salaratus instead of bicarbonate of potassium, and brandy, now considered superfluous. This compound is of unquestionable value, as contrasted with the hundreds of others introduced for the same purpose during the past hundred years, and which, lacking effectiveness, perished from sight.

**Discutient Ointment.**—This very energetic compound, in



which stramonium leaves, cicuta maculata and "deadly night shade" were associated with dulcamara, rumex crispus, and made into an ointment with lard, stood until a very recent period a very popular remedy for application to "indolent ulcers and glandular tumors." Even now physicians conversant with the energetic qualities of this remedy consider it invaluable.

**"Ophthalmic Ointment, or Eye-Salve, called also Eye-Balsam."**—This compound, communicated to Beach by Dr. Lobstein, contained camphor, "tutty" and red precipitate, and was made into an ointment with butter and white wax. It is the mother of the yet popular "Ophthalmic Balsam" of the American Dispensatory, which contains white precipitate instead of red precipitate, and a small amount of morphine. Attention may be called to the fact that this ointment, containing a mercurial compound that has been used from the earliest day of the Eclectic school of medicine, militates against the statement so commonly believed, that "Eclectics would not use mercury, in any way, shape or manner."

**Strengthening Plaster.**—This name is applied by Beach to "hemlock gum, disolved and strained," by which it is to be presumed that Beach meant "melted and strained," as no menstruum for making a solution is mentioned. This plaster is amplified in King's American Dispensatory under the name "Emplastrum Calefaciens," a compound containing capsicum, powdered camphor and oil of sassafras, which somewhat parallels the compounds described by King as "Emplastrum Resinae Compositum" ("Compound Resin Plaster; Adhesive and Strengthening Plaster"), used for the same purpose. It is unnecessary to state that "Strengthening Plaster" is yet very popular.

To the foregoing it may be added that Beach also gave two formulas, one titled "Adhesive and Strengthening Plaster," the other, "Common Strengthening Plaster."

Among the Compound Powders of Beach we find "Antibilious Powder or Physic," composed of jalap, senna and peppermint. This was transferred to the American Dispensatory under the title "Compound Powder of Jalap; Antibilious Physic." This (American Dispensatory) formula contained cloves or ginger instead of peppermint.

Comes now to sight Compound Powder of Ipecac, which has the title, "Emetic Powder, or Compound Powder of Ipecacuanha." This, in the American Dispensatory, was described under the term "Emetic Powder," or "Compound Powder of Lobelia," its virtues being ascribed chiefly to lobelia. This revised powder contained lobelia, blood root, skunk cabbage,

ipecac and capsicum, and this, today (again revised), forms a compound that is even more popular with physicians than in the days of Beach and King.

Under the name Diaphoretic Powder, a mixture of gum opium, camphor and cream of tartar was employed by Beach. This also was transferred to the American Dispensatory, with the suggestion, however, of the substitution of nitrate of potassium for the cream of tartar, and of lactucarium or cypripedium for opium, thus getting rid of the danger of that habit-forming drug. This compound is today a favorite in the practice of many physicians.

**Syrups and Tinctures.**—Of the compound syrups living today, we have an authoritative syrup made from sarsaparilla, guaiac, sassafras bark and elder flowers. Of the many compound tinctures and spirits, a few only are in use today, Sudorific Tincture being possibly the most popular of these old compounds. This has lived to the present day and is yet a favorite.

It may be of interest to note that the yet popular "White Liquid or Saline Physic" was, in the days of Beach, made of epsom salts, hot water and nitric acid. This was invented by a Dr. Johnson, of Dublin, as a substitute for mercury, and was by him presented to Lorenzo Dow, being known commonly as "Dow's Family Physic." "White Liquid Physic," modified and improved, is yet very popular with physicians who comprehend where and when to employ it. This writer has learned to accept that, either modified or unmodified, it has made the fortunes of more than one advertiser of cathartic waters, possessed of "wonderful qualities."

With these examples as a text, let us consider the problem as a whole. Compounds that passed into sight and became popular for a day and then disappeared, may not have disappeared forever. Under a new name, the old compound may be revised and prove to be fully as effective in legitimate medicine. If adroitly advertised as a cure, by present advertising processes, it may in a new field become even more popular than in the days of its past legitimate service.

An excellent compound may be displaced even by an inferior preparation through the conspicuity of the man who follows its originator. Even a pharmacopeial compound of unquestioned value may be revised to death, as is exemplified in Huxham's Tincture of Bark, which, by repeated emasculations since 1860, has now entirely disappeared from use.

The fact that a preparation has passed from sight does not necessarily prove that it is valueless, nor yet that it may not have more value than a substitute that has taken its place.

Nor does the popularity of a modern compound indicate that it, too, may not pass from sight within a reasonable period, as completely as have many well-known compounds once so popular therapeutically in America, but now practically unknown.

One might ask, did these old compounds originate with Beach and Hill and King? One might answer, as does this writer, probably a very few only. They originated in the practice of physicians, or in domestic practice, or were handed down from the aborigines and pioneers who used them, modified or otherwise, long before the days of Beach, and yet this fact does no discredit to Beach, who must be credited with having made them available to the medical profession.

Even so simple a substance as sage tea, now being so adroitly and prominently advertised to laymen under modern advertising methods as the principal ingredient of a hair dye, but which requires for its compounding a substance that can be obtained only from the advertiser, was recommended as a hair dye before America was discovered. Sage tea in the earliest medical records stands as being useful for darkening the hair. Might it not be well, then, in view of what has been said, to give credit to whoever takes part in the passing along, but yet to close this study with the sentence: "There is nothing new under the sun"?—Cincinnati Eclectic Medical Journal.

### A COMMUNICATION

The California Eclectic Medical Journal,  
Los Angeles, California.

To the Editor:

A writer in your April issue on the subject of "Religion and Psychiatry" ridicules the healing done by Christian Science and assigns as a reason for his ridicule that Christian Science "brings about cures through the same mechanism" as was used by Jesus and others of the Bible characters. All such healing he classes as suggestive therapy, and in so doing he illustrates a sentence in a recent article by one of the editors of "Life" to the effect that "The funniest thing about psychology is its effect on psychologists." Mr. William James stated it a little differently in defining what he called The Psychologist's Fallacy: "The great snare of the psychologist is the confusion of his own standpoint with that of the mental fact about which he is making his report. I shall hereafter call this the 'psychologist's fallacy' par excellence."

Christian Science claims and is proving itself to be a restoration of primitive Christianity. When The Church of Christ,



Scientist, was formed in 1879, on motion of Mrs. Eddy the following was adopted: "To organize a church designed to commemorate the word and works of our Master, which reinstate primitive Christianity and its lost element of healing." (Manual, p. 17). The individual who turns to a Christian Science practitioner for help is immediately made acquainted with the method of treatment, which does not include suggestion, but is what Paul referred to as a transformation brought about by a "renewing of the mind." The spiritual truths and teaching of the Bible, as explained in Mrs. Eddy's book, Science and Health with Key to the Scriptures, brings about the healing in Christian Science, which your contributor admits, but assigns to another cause.

Mrs. Eddy recognized the need of a true Science of psychology to dissipate the mysticisms of the subject as ordinarily presented; for she wrote, "The prophylactic and therapeutic (that is, the preventive and curative) arts belong emphatically to Christian Science, as would be readily seen, if psychology, or the Science of Spirit, God, was understood." (S. and H., p. 369). When ontology, the science of true Being, resumes its rightful place in human thinking as supreme in metaphysics, academic psychology will be seen to be unimportant and Jesus' methods all important. Christian Science emphasizes this.

(Signed) HENRY VAN ARSDALE,  
Christian Science Committee on Publication  
for Southern California.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.



## NEWS ITEMS

Lt. Russell W. Prince has been transferred from Camp Fremont to the base hospital at Camp Kearney.

Lt. Theodore L. Bordsen, Seattle, has been called into active service and ordered to Camp Riley.

Dr. C. H. Wheeler, Fall River Mills, California, died suddenly April 11, 1918, from cerebral hemorrhage. He was a graduate of the Eclectic Medical College, 1889, and was a loyal Eclectic. The Journal extends sympathy to the family.

Dr. C. S. Clark, Arroyo Grande, California, has been forced to retire from practice owing to ill health, and there is a good opportunity for an Eclectic in that location.

Owing to the death of Dr. Wheeler, there is a good opening for an Eclectic physician in Fall River Mills, California.

Dr. J. A. Raithel, Chicago, formerly a member of the faculty of Bennett College, accompanied by Mrs. Raithel, is spending some time in Southern California.

Dr. O. C. Welbourn was in Pomona on professional business twice during last month.

Lt. and Mrs. J. R. Buckingham, of San Diego, were in Los Angeles last month. Mrs. Buckingham remained several days, but the doctor had to return to his duty with the Aviation Corps.

Dr. F. J. West has disposed of his old machine and purchased a Dort machine of the clover-leaf style.

Dr. H. V. Crook of Big Pine was in Los Angeles last month, having been called as a witness in a murder trial.

By President's proclamation June 28th will be devoted, throughout the United States, to the pledging of every citizen of whatsoever age, race or nationality, for the purchase of War Savings Stamps to his or her fullest ability during the remainder of the year 1918.

**Pledge Day** comes as a TEST of the results which the five months' preaching of the doctrine of Thrift has produced. Your President and the National War Savings Committee want to know how well this lesson of Thrift has been taught and learned.

Every state, city and village in the United States will on **June 28th**, be performing a similar service, and it is confidently expected that the people of this great country will on **that day** pledge the whole of the authorized Two Billion Dollars.

### APOTHESINE: SUGGESTIONS FOR USE

This product is applicable in any procedure in which a local anesthetic is indicated. It is supplied in hypodermic-tableted form. The strength of solution (in water or physiologic salt solution), and the quantity to be injected, should be determined by circumstances. Solutions generally used range in strength from 0.5 to 3 per cent., the weaker solutions when the anesthetic is to be applied to rather extended areas. The strength of solution generally preferred in surgical operations is 1 per cent. In dental work the 2% solution is usually employed. Solutions of Apothesine act more slowly than those of cocaine, hence more time should be allowed for them to produce the required degree of anesthesia.

Apothesine is widely used in such operations as removal of tonsils and hypertrophied inferior turbinates, excision of thyroid, removal of gall-stones, prostatectomy, excision of carcinoma, plastic operation on the mouth, circumcision, laparotomy, resection of the femur, suprapubic cystotomy, inguinal hernia, sacral nerve blocking, breast amputation, vaginal hysterectomy, gland excision, wound stitching, gastrotomy, exploratory tracheotomy, enucleation of the eye, etc.

It is evident that Peacock's Bromides has won the regard and confidence of thousands of American physicians. This would never have come to pass if this particular combination had not accomplished the results they have sought more satisfactorily than any other bromide preparation. These practitioners, keen, capable observers, have found Peacock's Bromides a safe, effective and reliable nerve sedative. They have used it, and will continue to do so, because it has justified their confidence. Ill founded prejudices can never controvert the knowledge an intelligent physician has acquired from his own experience.

# The California Eclectic Medical Journal

Vol. XXXIX

JULY, 1918

No. 7

## ❖ Original Contributions ❖

### BELLADONNA

J. A. Munk, M. D., Los Angeles, Calif.

Read before the California Eclectic Medical Society.

Belladonna is one of the very best remedies of our vegetable materia medica and no argument is needed to prove it. All Eclectics are familiar with its prompt action in blood stasis and mental hebetude and know the indications for its use. These conditions are often met in general practice and need to be promptly corrected.

There are other conditions that are equally important, but not of such frequent occurrence in which it may be used with equal advantage. It is specifically indicated where there is a moist flabby skin and the extremities are cold. In such a case, belladonna will quickly dry the skin and create a sensation of warmth by sending the blood actively through the capillaries into the cold extremities.

It is also a very positive remedy for controlling chronic muscular spasms, which are apt to occur upon slight provocation, where there is undue irritability of the muscular fiber. Its action can perhaps be best illustrated by referring to a case that was recently treated. I was requested to prescribe for a middle-aged woman who had suffered much from nervous ailments of various sorts for many years. A nervous spell invariably culminated in a muscular spasm in some portion of the body that usually started by turning over in bed or stretching the legs. The cramps were so severe that the pain caused the patient to cry out and was not easily relieved.

The first thing that I noticed during an attack, was that the skin was abnormally cold and clammy and the circulation

sluggish. This combination of symptoms pointed to belladonna as the remedy, which was prescribed with immediate beneficial results. Twenty drops of specific belladonna were added to four ounces of water in a glass, of which mixture the patient was given a teaspoonful every few minutes until the circulation and spasms were improved, when the dose was lessened and given at longer intervals. The medicine was continued daily in broken doses, just enough to keep the skin warm and dry, but was increased on any sign of a return of the spasm.

The patient had been a chronic sufferer for years without finding a relief until she took the belladonna, since which time, now nearly two years ago, she has had no severe attack. Whenever she feels any symptoms of their return she takes a few extra doses of belladonna which stops them at once. The belladonna has given her so much relief that she always keeps a supply on hand.

When giving this agent, a caution should be given the patient, that when the throat begins to feel dry, the medicine should be taken in smaller doses and less frequently, or discontinued entirely. About the time that the dryness is felt in the throat, the pupil of the eye also begins to dilate, and this should also be watched, so as not to get the effect of the medicine too strong.

It is also useful to relieve a cough when there is an excessive secretion of mucus in the pharynx or bronchial tubes. The presence of mucus is apt to cause, or increase a cough, which is nature's effort to clear the respiratory passage of the viscid secretion that may not be serious, but can be very annoying.

That belladonna has a decided action can easily be proven by any doubting Thomas. I recall an experience of this kind that could not possibly have been called psychological. In calling at a house to see a patient, the mother said that her little boy was sick and asked me to prescribe for him. He was not bedfast, but had taken a cold and had the snuffles. The child had a cold and clammy skin and complained of feeling chilly. There was also a profuse secretion of mucus in the nose and throat. I called for a glass of water and dropped into it two one-fiftieth of a grain of atropine tablets and stirred them with a spoon until dissolved. A small teaspoonful was ordered to be given every half hour until the skin became dry and warm, and then less often and in diminished doses. I gave the boy a teaspoonful of the solution, which he took without objection as it was colorless and tasteless. I had not been gone long before the boy went up to the table



and after stirring the glass with the spoon said: "Humph! doctors don't know nothin'; this ain't medicine, but just water," and drained the whole of it at a gulp. It was not long before the boy realized a difference and knew that something was wrong. Not only did the damp skin become dry, but he got red in the face and felt hot all over. I had just reached the office when the mother called up on the telephone and told what had hapuened. I calmed her fears by stating that no harm would likely result, but to have the boy run out of doors in the open air for a walk, which he did and was soon over his adventure. It taught him a lesson, however, that he did not soon forget. In speaking of this experience the boy is ready to admit that doctors do know something, even if their medicine does sometimes look and taste like water.

## THE NEMESIS OF SACCHARINE STIMULATION

Dr. Axel Emil Gibson, Los Angeles, Cal.

With sugar in this article is not meant the cane, grape or beet sugar which have an intrinsic source of sweetness in the very cell of the fruit, or the plant in which it is found. It is first when extracted from its mother substance and passed through the refining process of the sugar factory that sugar obtains the characteristics which designate it to the name and order of a denaturated commercialized product. For this white, taste-piercing powder differs as widely from the sweetness of the fruit, cane or beet, as gunpowder differs from potassium nitrate and sulphur. Like the latter, from being harmless and safe, while remaining in its original combination, sugar as an extract becomes a veritable explosive and as dangerous to the furnace of human physiology as gun-powder to the furnace of our dwelling house. In either case, the relation between cause and effect becomes changed from orderly and controllable chemical reactions to a hap-hazard arrangement of trigger-poised and incalculable affinities.

### I.

Sugar as such can furnish no legitimate claims to be an agency for the forces of evolution. In the psysiologic, sociologic or psychologic history of mankind there is no indication to be found that the sugar of commerce is necessary for the development and maintenance of physical and mental powers. Previous to the fifth century the world had no other source of sweets than that of honey and natural fruits. Plato, Pythagoras, Socrates, succeeded in evolving their immense intelligence without the assistance of a single ounce of refined sugar;

while the runners and wrestlers at the Olympic games in ancient Greece performed their athletic feats without the need of either the saccharine or alcoholic stimulation.

The first evidence of sugar in the history of man is found not earlier than in the fifth century among the inhabitants of the valley of the Tigris and Euphrates, where it was extracted from the sugar cane and used in the preparation of medicine. Its entrance into the Western world was effected by the Moors during their conquest and occupation of Southern Europe, and also from the returning Crusaders. It was first, however, in the year 1585 that we find a commercial factory established in England; while even as late as in the seventeenth century sugar was so scarce in the Western world that its price, about a guinea a pound, made its use at least to the large middle class, practically prohibitive. At present the consumption of sugar has become universal, and lately reached the fabulous average of about 150 lbs. per capita, which in other words means that each individual man, woman and child, yearly eats almost twice his own weight in sugar.

There is no doubt that in its natural form, sugar exerts an almost universal attraction on most creatures of natural evolution. This attraction has its basis in the needs of the blood and muscles for saccharine elements as contained in the sodium and potassium of the sugar-bearing plants and fruits. But this need is readily gratified in the overwhelming percentage of sweets contained in the natural products of the earth amounting to over one half of its entire food supply. Of the remaining half we find one-third occupied by salt, and one-tenth by bitter and acid ingredients.

The demand for sugar in the system is due to the part it plays in the proteid combustion in the physiological furnaces. The contact of the sugar in the venous blood with the oxygen of the arterial blood, as the two streams meet in the muscles gives rise to a series of physio-chemical explosions, from which springs the energy that moves the pistons and levers in the body mechanism. The command of the will in the movemets of an organ—the hand, the foot, the head—can be executed only to the extent there is sugar in the blood to furnish the fuel for the explosions through which energy is released to meet the muscular demand.

The liver is the great refinery through the action of which the raw sugars of the foodstuffs are converted into the nutritionally available form of glycogen. Passing into the liver cells through the hepatic duct from the intestinal absorption the sugar is filtered out from the chyle in the form of glyco-

gen, to be doled out into the general circulation in course of demand. Should, however, the liver, in consequence of a too heavy indulgence in rich foods, such as sweets, starches, cream, fats, etc., find itself so overcharged with fatty acids, bile and glycogen that an excess of the latter is crowded into the circulation, it devolves on the great filter system of the kidneys to eliminate this excess and thus sustain the physiological balance of supply and demand. This balance means that only one-tenth of one per cent of sugar can be floated in the blood stream without incurring danger to the entire organism, as the burning of sugar would then take place in the blood vessels themselves. In other words the same phenomena would occur in the blood vessels as in an ordinary electric circuit, in which the electrodes in place of being polarized in the carbon burner, start ignition in the wire itself.

## II.

Excess of sugar in the system, however, may not only be due to an indulgence in artificial sweets, but to natural sweets themselves, if the fruit be cured, preserved or dried. A too free indulgence in very sweet fruits, such as figs, dates and raisins, especially by persons leading an indoor and sedentary life, may also give rise to an overproduction of sugar in the system. The successful combustion of fruits containing such high percentage of sugar requires not only a great amount of oxygen, but also a corresponding muscular activity for its full systemic utilization.

On the other hand, it is very doubtful if extracted or refined sugar, as such, can enter the organism as a physiologically available substance. Experiments have shown that this sugar is held suspended as an alien body in the system until destroyed by the ever-watchful hormones of the individual's physiological defenses. The very unnaturalness of its substance renders it unfit to enter into the constructive process of the human physiology, and receives its fatal power of attacking the system only after its conversion through fermentation, into alcohol.

Hence it can be safely stated that if followed to its remotest effects in the system the indulgence of refined sugar is in every respect alien and destructive. Having already had its own vital energies dissipated in the refining process, sugar enters the system like a shell in a trench, destroying whatever conditions that may be found in the course of its explosions. Digestion is disturbed, the gastric secretions ruptured in their orderly processes, and to the extent the explosions have been numerous and powerful, the peptonization of the foodstuff



is forced to give way to processes of fermentation and alcoholization.

But if the career of refined sugar in the system leads to fermentation and alcoholization how does it receive its power of stimulation? The question is closely and inseparably connected with the very process of alcoholization, as it derives from and through the latter its sole power of affecting the organism for good and bad.

Hence the study of sugar as a stimulant is the study of alcohol intoxication. For stimulation arising from any other source than from food and nourishment is intoxication, and to the extent it is demonstrated that alcohol contains no proteins available to structural life, no fats or carbohydrates to create warmth and energy in the organism, it follows with irresistible logic, that the stimulating power of alcohol must be found somewhere else than in the field of constructive metabolism.

The power of alcoholic stimulation has its basis and explanation in a system of physiological lever movements as a means of functional self-adjustment by which the speed in the activity of a process is check-reined by the very secretions generated in and by the activity itself. In other words, the whole sweep of organized physiological life, as manifested in the myriad complexities of a living organism, is poised and balanced by internal secretions generated in and through the very excess of the movement, and thus operating on a basis of self-sustaining automatic adjustment.

These internal and in most cases, ductless secretions are comprehended under the name hormones—the engineering corps of organized vital motor activities. A series of scientific experiments carried on by Dr. Bayliss at the University College, London, has demonstrated that the Pancreas, for instance, is engaged in turning out a hormone, the function of which is to regulate the glycogen out-put of the liver. In cases of intense muscular activity, under the strain of physical labor, this hormone releases the checks which regulates the flow of glycogen into the blood, and thus supplies the extra amount of sugar required to sustain the increased combustion in the strained muscles. The accuracy of the functional adjustment is its basis and in the pathological changes of the secretions arising in the over-worked muscles themselves—secretions which when transmitted through the blood stream to the Pancreas, causes an irritation in the latter, resulting in a demand on the liver for an increased output of glycogen.

Another hormone is found in the Thyroid, which holds in its



secretion the power to adjust the action of the heart in exigences of circulation. Thus in fevers, high blood pressure, physical strain, etc., a poison is generated in the involved tissue indicating to the Thyroid that the checks on the heart must be lifted to enable the latter to overcome, by an extra charge of energy, the obstructions thrown into the channels of vital exchanges.

So far so good. Now the presence of alcohol in the system, has the same effect upon the blood as the hormones exert upon a specific function of the system. Only with the difference, however, that while the hormone acts in unison with systemic needs, being an integral part of the vital processes, the action of alcohol is to rudely interfere with the delicately poised anatomical levers of the organism, having no power to rationally coordinate the specific secretions in the physiological chain of life-saving devices. While largely resembling each other in the greater effect, the action of the hormone differs from that of alcohol as a magnetically induced sleep differs from the insensibility following a pugilistic knock-out.

### III.

It is readily seen that stimulation due to alcoholic influence is a stimulation that ultimately leads to general constitutional break-down. And as extracted or refined sugar, directly or indirectly, by fermentation through the gastric reaction evolves alcohol, it follows that the indulgence of sugar constitutes one of the great causes for the premature break-down of the individual, and the increase of mortal diseases characteristic to our present age.

For any stimulation not due to nutritional reactions spells dissipation and loss of life. To exhibit energy is as distant from the **generation** of energy as the spending of money is to the making of them. The candy—or pastry-eater, is a physiological spendthrift, who throws his vital resources to the four winds as the inevitable fermentation and subsequent alcoholic reaction breaks down the locks of his vital reservoirs, flooding the wastes of his life with misapplied and uncontrollable energy.

In convulsive flow the storage batteries, set aside for advanced age, are released energy sports with borrowed life—exhibiting a flush of mentality which like the burnt-out energy of an exploded fire-cracker terminates its parabolic flight in smoke and collapse.

In other words, natural sugars hold the same relation to extracted sugar as sunlight to pyrotechnics. Like the latter, sugar has no power of producing generative or constructive

forms of heat and energy. Its powers are burnt up and its vitality exploded in the extraction and reduction process of the sugar factory. A veritable shell, bursting in the trenches of our metabolism creating nothing, giving aid to nothing, while unfolding its entire scope of energy in reducing the strength of our vital defenses.

In her adjustment of means to ends, while engaged in the evolution and preservation of her creatures, Nature is found to introduce such combinations of foodstuffs as most safely and efficiently succeed in advancing the principles of life to their highest possibilities. These combinations are contained in those distinct and complete forms of food, as represented by the meat, the grain, the vegetables and the fruit. With health guaranties based upon the very career of evolution these substances enter the system by the legitimate channels of mastication, digestion, assimilation and nutrition.

The natural sugars as contained in the fruit, grain and vegetables are held in such molecular balance as to enter assimilation and absorption without shock to the system. Passing through the graduated steps of digestion, dextrinization and subsequent conversion into glycogen, the carbohydrates transform or transfuse themselves without shock into integral parts of the body's commonwealth, while the artificial sugar, having already in the course of its manufacture passed through these processes, has no nutritional elements to offer the system but rather a nutritional vacuum, which in its action upon digestion breaks up its constructive compounds into physiological chaos.

In the economy of evolution it will be found that nature always gives, and the individual always takes. All natural products are givers of life, while all artificial products are absorbers or robbers of life, and of these, sugar is the most ruthless. Having been robbed originally by the refining process of every thing valuable in its nature—its potassium, sodium, albumen, magnesium, iron, phosphates, sulphates, etc.,—this agent of negative and destructive metabolism spends its entire career in attacking through its vulture nature every substance subject to its morbid life-craving affinities.

"The taste for jams, jellies, candies and confections," says Dr. Wiley in one of his syndicate articles, "is largely an acquired one, and as we accustom ourselves to do without our supply of sugar the craving for it will diminish. Children do not have a craving for sugar unless the taste for it is artificially produced."

## IV.

The ailments due to artificial sweets in the system are as numerous and variable as the disposition of one man's nature differs from another. If the stomach is the weakest link in his physiological chain, the fermentation and acidulation arising from the vampire action of the sugar in his digestive field, will give rise to some type or other of dyspepsia, catarrh, ulcerations, gastritis, etc. If, however, the stomach is constitutionally well fortified, the victim is lulled into a sham safety by a masking of the alien batteries which may select for an attack the, in most cases, overtaxed organs of elimination—the kidneys, liver or pancreas—in some or other form of renal or hepatic disturbance. And as the power of the body to resist the attack of alien micro-organisms, depends upon the power of these organs to keep the system free from accumulating poisons, it follows that their weakening means a weakening of the entire organism. Saturated with poisons, which in their destructiveness are equal to the poison escaping from a leaking sewer, the tissues of the body by breaking down into negative conditions become fertile fields for the growth of catarrh, ulcers, and tumors, like mushrooms, dog-grass and toadstools, flourish in a rotten soil. And to the extent the conditions for the development of such physiological morbidities are favorable, the ensuing growths may intensify their virility and develop into types of actual malignancy.

Furthermore, a poison-soaked system is always subject to "colds"—which again spells poor physiological defense-works. A poisoned nerve is an intoxicated nerve; and that particular nerve, or phase of nervous activity involved in the adjustment of the cuticle to atmospheric changes of cold and heat, etc., under this toxic influence become demoralized and irresponsible to its function. Hence the deadly colds so frequently contracted under the stupor of intoxication, or after the exposure to the poison-charged air of a poorly ventilated theater or lecture hall. The fermentation, alcoholization and subsequent auto-intoxication, due to indulgence in manufactured sweets, by demobilizing the forces of physiological self-defense, leaves the million gateways of the body-pores wide open and unguarded—a fit subject to the vital shocks which a cold draft may cause to the exposed organism. Hence the readiness of a poisoned or impure system to catch cold.

Following in the wake of the tissue-corroding fermentation and alcoholization spreads the vicious flora of a physiological fungus—which in the course of its development, may cover the entire alimentary tube, from sphincter glottis to sphincter



anus. It is the noxious, universal catarrh, which at present, due to the staggering increase of sugar consumption, holds its relentless grip upon the nutritional destinies of the major part of civilized humanity.

In the study of comparative biology the fact has been ascertained that the glary, bloodless mass of the catarrhal tissue has its exact correspondence in the substance of the jelly-fish—a fact not less melancholic than scientific, and which proves that the Darwinian theory, to be complete must embrace a descending as well as an ascending evolution. It proves with tragic certainty that any substance or form of life, if subverted from normal, evolutionary ascent, must sooner or later lose hold of the forces back of its advance, and, in the course of its continued violation of natural laws, slide down the scale of life to the level of the jelly-fish—and even lower. For as the subversion of the catarrhal tissues continues, the exudate is gradually hardening into veritable forms of crystallization—the gall stones and gravel of a diseased liver and kidney. Thus in his unreasoning indulgence of a perverted appetite, the individual actually sinks back into the matrix of the mineral kingdom and experiences, while yet alive, the retrogressive phase of evolution as expressed in the formula: “From dust thou art, to dust thou shalt return.”

Finally in its alcoholic degeneracy, the artificial sugar strikes a vicious blow to the entire physiological integrity of the individual. In the destruction, through induced fermentation of the proteid molecule, sugar sows the dragon teeth from which spring the monster brood of alcohol. The emergence of this poison in the organism starts a career of physiological death in the cells and tissues subject to the attacks. Placed side by side on the microscopic slide with a phagocyte the alcohol will speedily demonstrate to what extent it has the power to disturb the integrity and efficacy of bodily life. In an instant of time, the white blood corpuscle is slaughtered, and as this type of blood constitutes the health police and defender of the system over and against the microbes and bacteria of bodily infection, it is readily seen what destructive influence saccharine fermentation with its alcoholic output has upon health. No longer in a position to remove the constantly accumulating waste-matter and fatigue poisons from the system, the latter in consequence begin to ferment and give rise to the flushed and bloated appearance to the face of the habitual consumer of alcoholic beverages—an appearance so often mistaken for “walking pictures of health.”

Sugar is the great Tempter of the new dispensation; the



Dead-sea fruit on the overgrown branches of the modern tree of life. The satanic promise held out to the indulging individual is eternally the same: enjoy the fruits of life without the efforts of useful service. Enjoy the spasmodic thrills of the stolen joy of a stimulated appetite until the reactions of its vicious sweetness turns into the bitter realizations of violated vital laws, with the subsequent exodus from a lost paradise of health, power and usefulness.

## HABITS AND CUSTOMS OF THE PEOPLE IN RELATION TO HEALTH IN INDIA

M. R. Ramey, M. D., Bangalore City, India.

The habits and customs of a people form a very large factor in relation to health and disease in every country, and, although it may be considered utopian in thinking that this subject can be successfully dealt with in a brief account as this, yet I will endeavor to do as fair a justice to the subject as is compatible with the limited space at my disposal.

The progress of sanitation among the masses though slow, must, by the pressure of public opinion and the ever-increasing demands of education for improved surroundings, make its influence dominant; and it is not the object of this essay so much to blame the habits and customs, as to point out in what direction habits and customs, which will take much time and enormous patience to alter, do affect the health of a people.

The ordinary Indian is ignorant and passively resistant to any measure for the control of the spread of infectious diseases which affect his customs and habits, and I endeavor to portray in a brief compass how some features of Indian life may affect the general health of a community. Take, for example, the pollution of drinking water, whether it be a well, tank, temple or mosque; the washing and bathing, the casting off of offering and the absence of any attempt to keep the supply clean. Observe the preparation of food and sweets and the exposure for sale of articles of food; the method of collecting and distributing milk, and the conditions of domestic life! for example, it is not only the poorer class who sit on the ground and eat their food with their hand out of the same dish, but also among the better classes this custom prevails. In the streets can be seen curry and dhal vendors ladling out food with the hand to any passing purchaser. About schools it is common for groups of children to purchase sweets or foods from itinerant vendors, who mix the foodstuffs with their hands and serve it on a piece of paper or leaf smirched

by flies, crows and dust. In the houses of most classes, the father or mother feed their children, who are seated on the ground, out of the same vessel, the father first taking his food, the mother afterward. Again, the proximity of animals, goats, fowls, bullocks, dogs, etc., living in the same room as tenants of houses, the amount of rubbish in houses and the facilities rats, fleas, bugs, lice, mosquitoes and flies have for propagating disease. No one with any experience of the homes of Indians in the large towns, small cities or villages can fail to notice these features of common life, and to allow them to continue when they can be gradually removed is a policy which no conscientious sanitarian would accept, although the task before him be enormous.

In mofussil towns and villages immediate relief can not be hoped for, but as the inhabitants gradually emigrate to large cities they become surrounded with different conditions, and it is then they learn the value of improved sanitary surroundings and systematic supervision. It will, however, take many years of strenuous endeavor on the part of the sanitary authorities before they can get the people to realize the necessity for observing any sanitary precautions. This is nothing new in the sanitary history of the world, and it becomes the duty of civic authorities to constantly impress on the people by precept and example the necessity for the observance of the laws and by-laws relating to health. The city fathers should boldly take up this question, and, while recognizing the superstitious and religious objections, cope with the ignorance of the people and gradually create a desire on their part for healthier surroundings.

India is peopled by diverse races, each having its own social and religious customs and habits (domestic), which have been ingrained in the course of ages, so as to be innate and form a part of the integral whole, whether of the individual or the community to which he belongs.

The customs and habits of the indigenous people, whether in villages, provincial towns or presidency cities, vary according to the community. Whether members of particular communities go they faithfully adhere to and persevere in the customs and habits which from infancy they have acquired and practiced.

**Hindus.**—Three-fourths of the population of India are Hindus. These are divided into several castes, chief of which are Brahmins, Kshatrias, Vaishias and Shudras. The last include all low castes. The Brahmins are the priestly class, highly educated, ministering the religious rites of all the other castes.

They are essentially vegetarians. The only animal food they partake of is milk. For descriptive purposes all of these castes may be divided into two great divisions: (1) Those strictly vegetarians, who include milk in their diet, and (2) those who partake of mixed diet. To the former belong the Brahmins, Bhattias, Jains, Shravak, Bantias, Marwadis and Lobanas; and to the latter, Shenvis, Prabhus, Panchkalsis and Marathas in general; and the last, all the Shudras, who eat indiscriminately everything and partake of meal-leavings from all houses.

The floors of houses occupied by Hindus of all denominations are generally of earth. The practice that obtains in mudfloor houses is to smear them with a mixture of cow dung, red earth and water, which gives not an unpleasant coating to the floor. Disinfection with chemical solutions, even the most patent, is, for obvious reasons impossible. Such house floors are very suitable places for the breeding of fleas. Cow dung may also be the medium or vehicle of diseases, such as diarrhea, typhoid, tubercle, etc. It is to be noted that all Hindus squat and lie on floors.

Some Hindus hold their caste dinners in choultries, or serais, specially built for this purpose. The dinners may be festive or mourning. No plates are used. The meals are doled out on plantain leaves, or when these are not available, on circular "partravalies," made of dried leaves of the *butea frondosa*. Speaking of infectious diseases, smallpox is venerated in houses as the visitation of a deity, people refusing to remove such cases to hospitals voluntarily. This is a fruitful source of infection to the neighborhood. On the eleventh day of the disease, when the pustules are scabbing, a patient is conveyed, generally in a public conveyance, to certain temples, where the goddess "Shitala Devi" is propitiated by offerings.

The females among Hindus during menstrual and lying-in periods are considered as defiles and untouchable. They are set apart in rooms and have no social intercourse.

When a high-class Hindu is on the point of death, he is laid on a country blanket (ghoudy), white or black, as may be available at the time in the house, and a basil leaf and some holy water, preferably that of the sacred Ganga or Ganges, are put in his mouth. If a son is present, he takes the dying head on his lap, and, when all is over, the women sit round the body, weeping and wailing; the nearest female relatives affectionately caress the dead face with their hands and often use the free end of the sadis to wipe the face. The body is next washed near the steps of the house, dressed in white



"dhoti" and transferred to the bier and conveyed to the "ghat" for cremation. The blanket and bed clothes are given to the poor.

The lower castes after the ablution anoint the dead body with tumeric and butter, while females, with the free end of their "sadis," whisk the face, frequently wiping it. The body is dressed up gorgeously and conveyed on the bier for cremation. All infants and persons dying from smallpox are usually buried. The whole of the above description applies, *mutatis mutandis*, in a lesser degree to the mixed diet class. There is "pjurdahnastic" system in some parts of India, especially in northern India.

**Mohamedans.**—The advent of Mohamedans in India amongst Hindus has been iconoclastic in tendency and has led to domestic usages in direct opposition to those of Hindus. Beef was made the staple food of the classes. Mohamedans, as a rule, indulge in mixed diet, while a large proportion of Hindus are vegetarians. The Mohamedan prefers to eat his food in eating-houses—restaurants. The hygienic condition of these eating-houses is very bad. The floors are filthy, the tables and benches are unclean, and practically no storeroom exists for prepared foodstuffs, these being placed underneath a stair or even in close proximity to a privy, water closet, a "mori" or washing place. Generally foodstuffs are kept in open trays without any cover to protect them from flies; if covered, it is generally with a dirty, sodden cloth. Contamination, therefore, of these foodstuffs is frequent and almost certain. On festive and mourning occasions, dinners are prepared in large cauldrons, which perhaps for years have not been tinned, and served to friends and members of respective "jamats." During dinners, one drinking utensil is common to a party, and dinners are served in streets or ground, bare or partially covered by mats, if sufficient accommodation can not be found in houses.

**Parsis.**—Parsis are the followers of Zoroastrianism. The funeral rites among this community are interesting. When a person dies, after due ablution, the body is conveyed to the ground floor and handed over to two or four "Khandias," or corpse-bearers. The corpse is then dressed by them and placed apart in a ground floor room on the stone slabs, where no one is allowed to touch or even approach the body. In the interval before the removal of the body to the Tower of Silence, which invariably takes place in the morning between eight and nine, and in the afternoon between three and four, a priest (Andheroo) continuously chants prayers before the



body. Before the corpse's final removal from the house, a ceremony, called the "Gaihe Sarna," is performed, which consists in the chanting of special prayers by a couple of priests, who stand in the doorway. These prayers are made in two parts. During the first part the body continues to lie on the slab. This over, a dog is brought in and the dead body is exposed to its gaze a few minutes. The corpse is then transferred to a bier by "vassesalas," special corpse-bearers, who alone can consign the body to the Toyer of Silence—the "Khandias"—carrying the body from the house to the tower. The second part of the ceremony is now gone through and completed when the mourners will approach the room where the corpse is to have a last look at it. Further ceremonies are performed for a period of four days on the ground floor, the place in the meanwhile being inaccessible to disinfection. The leaders of the Parsi community are well educated and are termed the merchant princes of Bombay. Their chief habitat is the island of Bombay, although their commerce might have dispersed them all over.

**Depressed Classes.**—The "depressed" classes, consisting of Maharo, Maugs, Blumgis, Chambars and Dhero, whether living in towns or villages, must of necessity live apart, as they are condemned by all Hindus as "untouchables." No other community will live in close proximity to them because of their habits, thieving propensities and immoral proclivities. In villages they live out, all huddled together in small dark mud huts. In towns they live in "chawls," set apart for these people, or in the open in huts, made of wattle and daub, and roofing of old kerosene oil tin sheetings. Their personal habits are very filthy and they seem to flourish in squalor. Mahars from times immemorial have been considered essentially hereditary "village servants," their duties being the removal of dead cattle or other animals, burial of outcasts and removal of offal. They engage also in other occupations, such as rope and basket-making, etc. On account of higher wages they can obtain for labor, they are attracted in large numbers to presidency towns. Here they are employed as dock laborers, coal fillers, and as scavengers by municipalities for the removal of street and domestic refuse.

In this brief account of the customs and habits of the different races that people this vast peninsula I have endeavored to be very faithful to the habits as are in vogue here in different sections of society. In treating a subject of such huge magnitude as this, I solicit the kind indulgence of the readers for any shortcomings that may be present in this dissertation

With Shakespeare I take the liberty of saying, "Since brevity is the soul of wit and tediousness, the limb of outward flourishes—I will be brief."

### **SOME FACTS GATHERED IN A FIVE-YEAR COUNTRY PRACTICE IN OBSTETRICS**

**W. D. Akers, M. D., Oda, Okla.**

In a five-year country practice I attended three hundred and seven cases of confinement—one hundred and fifty-eight boys, and one hundred and forty-nine girls, with twenty-five forceps deliveries—fifteen girls and ten boys. I gave pituitrin in forty-nine cases; four times the baby was born in about seven minutes after receiving the hypodermic, and eighteen were born in from fifteen to twenty-five minutes, and twenty-seven were born in from thirty to sixty minutes. Six times the second and third doses were given before satisfactory results were obtained. Four times the results were negative or unsatisfactory.

I had lacerations of the perineum in greater or lesser degree in thirty-six cases, but in this number I never had a complete laceration and all cases were immediately repaired with a varying degree of success.

No mothers died in confinement. Had one case of puerperal septicemia which recovered. Had six cases that had varying degrees of local infection. Two cases had pyelitis and one had nephritis, which died three or four weeks after confinement.

Had three breech presentations, two foot presentations, and one shoulder presentation. Had two still-births, one the result of prolapsed cord, child dead on my arrival; the other died some days before birth from some unknown cause.

Did two podalic versions. Gave H. M. C. to two hundred cases, and as the head distended the perineum, I gave enough chloroform to render the mother insensible to pain. To all cases gave enough chloroform to produce insensibility just at the last, thereby bringing down the blessing of the patient upon my head, and have several times heard the older ladies, who are usually in attendance upon such occasions, say that the pain and suffering in childbirth now is nothing to be compared with what they had to endure when they were young and raising families. In five years have had an average of sixty-one and two-fifths cases per year, or five and seven-sixtieths per month, or one and sixty-seven two hundred and fortieths per week.

Two hundred were born between the hours of twelve midnight and twelve noon, ninety-seven between the hours of twelve noon and twelve midnight, and a hundred and eighty-one were born between the hours of eight in the evening and eight in the morning, and one hundred and twenty-six were born between the hours of eight in the morning and eight in the evening, showing that the majority of this work was done at a time when I should have been at home sleeping.

Of the whole number of births attended, eighty-six were first children, fifty-one were second children, thirty-six were third children, twenty-nine were fourth children, four were fifth children, eighteen were eighth children, fifteen were ninth children, and fourteen were tenth children.

Twenty-six boys weighed nine pounds each. Eighteen weighed ten pounds each. Ten weighed nine and one-half pounds each. Seventeen weighed eight pounds each. Six weighed eleven pounds each. Seventeen weighed seven and one-half pounds each. Twenty weighed eight and one-half pounds each. Ten weighed six and one-half pounds each. Eighteen weighed seven pounds, and twelve weighed six pounds each. Total weight of all boys is one thousand two hundred and sixty-six pounds, and the average weight of the boys is eight and five-ninths pounds.

Eighteen girls weighed seven and one-half pounds each. Seventeen girls weighed eight and one-half pounds. Ten weighed ten pounds. Nine weighed nine and one-half pounds. One weighed sixteen pounds. Nineteen weighed nine pounds each. Four weighed eleven pounds each. Eight weighed eight pounds. Seventeen weighed six and one-half pounds each. Twenty weighed six pounds each and twenty weighed seven pounds each. Total weight of all girls is one thousand and sixty-seven pounds. The average weight of the girls is nine pounds; all boys together weighed one hundred and ninety-nine pounds more than all the girls together, but the average weight of the girls is four-ninths of a pound more than that of the boys. I also find that one hundred and sixteen boys were born between the hours of eight in the evening and eight in the morning, and that ninety-eight girls were born between the hours of eight in the evening and eight in the morning, or that eighteen more boys were born during the night time than girls, and at this point I would suggest it would be well to learn how to determine the sex before birth that you could be able to fix the fee accordingly, for the fee should be higher for night work than for day work.

Abortion and miscarriages average five cases per year, or twenty-five in five years, and delivered two sets of twins—one time a boy and a girl and another time a girl and boy. Had one



case of puerperal convulsions and two serious cases of postpartum hemorrhage, which was controlled with glonoin and atropine and emetine hydrochloride hypodermically.

The combined ages of both fathers and mothers are 13,948 years; the combined ages of all fathers are 6974 years; the combined ages of all mothers are 6900; the average age of the father is 22 307-220; the average age of the mothers is 22 307-146. The youngest father is sixteen years, and the youngest mother is fifteen. The oldest father is fifty-three years and the oldest mother is forty-nine.

Such are the data taken from an incomplete obstetrical record kept for five years. I am very sorry that I did not commence a complete record at the very beginning of my practice nearly twenty years ago. I realize now that if I had I could have had something of interest to offer you at this time. I would urge all to keep a complete record of their obstetrical experiences.

## THINGS GOOD FOR US

By Walt Mason

### "Uncle Walt's" Exclusive Weekly Message to Judge

When I was young, long years ago, my father said to me, "A physic will be good for us, so here's some senna tea." And so he made me drink a quart before I went to bed, and all the night I wept and moaned and wished that I were dead. The taste of senna tea is punk; it is the worst of brews; it calls to mind a broth that's made of hens' nests and old shoes.

And also, there was castor oil; our parents thought it fine for dopping little boys and girls whose health was out of line. My mother used to hold my nose and pour this fluid down; "It's good for you," she used to say; "the finest thing in town."

My teacher used to take a stick and lay me o'er his knee; "It's for you good swat you thus," he used to say to me; and while he lammed and crippled me with chunks of knotty wood, I often wished he didn't care so much about my good.

And now I'm old it's just the same, and life has little charm; unpleasant things are good for me, the pleasant things will harm. I like to ride in motor cars and burn up gasoline, and see the pigs and lambkins play upon the rural green; I like to bask in luxury in my large blue sedan; but doctors shake their heads and say it is a dippy plan. "You ought to store your car and walk," the doctors say to me; "you are too fat and short of breath, and have the housemaid's knee. You ought to start each day and walk across a dozen shires, instead



of lolling in a car, and spoiling rubber tires. Some day, if you don't exercise, you'll crumple up, we ween, and for a billion years or so you won't need gasoline."

I like to ride, I hate to walk; the same old chestnut, sure! I ought to do the thing I hate, the think I like abjure. To trot along on my lame legs is good for me, they say; it's bad for me to loaf around and have some fun all day.

I like to eat the porterhouse and other goodly steaks; I like to fill myself with pies and rich and gorgeous cakes. But they are bad for me, of course; the doctors fairly howl, when they behold me carve a roast or eat a luscious fowl. "Excelsior is what you need," I hear the learned men yell, "excelsior will brace you up and make you hale and well. Oh, eat it boiled and fried and stewed, consume it all day long, and in a month or maybe six we'll see you sound and strong; eat turnip vines and hay and leaves, and wholesome cabbage stocks, but if you stick to steaks and pies, they'll put you in a box."—Judge.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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O. C. WELBOURN, A.M., M.D.  
Editor

D. MACLEAN, M.D.  
Associate Editor

F. M. WELBOURN, A.B., M.D.  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

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J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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## PREVENTION VS. CURE

For several years this argument has been aired in our medical journals, and the end is not yet. Moreover so far as presented in favor of "prevention" and a like number in favor presented in favor of "precection" and a like number in favor of "cure." Also quite a few facts can be presented in favor of both prevention and cure and one of the strongest of these is that our most successful practitioners advocate and practice both. Those diseases which can be prevented should be prevented. But what of the remainder—the great majority? Some of them get well of their own accord, but the most of them are cured—by the careful conscientious practitioner. The methods of the prevention of a disease—say Typhoid—are very simple, but the cure requires skill of the highest order. When the former fails the latter is of great importance. And the reader will call to mind other diseases for which this statement is applicable. The time will arrive if it be not here already when a medical man must know the rules of the game for both the prevention and cure. We like it better written, PREVENTION AND CURE.

## BLOOD PRESSURE

C. E. Laws, M. D., Ft. Smith, Ark.

In this day when the practice of medicine is moving forward by leaps and bounds, and new instruments and new methods are attracting the laity as well as the profession, it behooves every physician to at least investigate and be able to discuss intelligently the many short-cuts proposed in medicine and surgery.

A neighbor physician may know little about the practice of medicine, but exploits that little and sets his patients talking about what he knows and does, and he is given credit for being an up-to-date man, while the doctor who does not stop to learn about these new things is very soon failing to command the respect and patronage of perfectly honest people who are endeavoring to secure the best.

That we may study one of the most important of these more recently accepted helps is my reason for choosing to write in an elementary way upon the subject of "Blood Pressure."

The sphygmomanometer has come to stay. The word, from the Greek, means pulse measure, exactly what it is. Insurance companies are demanding the use of these instruments and are largely responsible for their introduction and fairly general use, and not without cause, for the actual knowledge of the blood pressure tells a story all its own.

An eminent authority has said that if he were allowed only two means of diagnosis he would take first, the stethoscope, and second, the sphygmomanometer. Two years ago I was asked for the blood pressure of an applicant for life insurance and found it to be over 200. That man, though in apparently good health, was rejected and is now dead. I also examined a man recently, who had been twice turned down because albumin had been found in his urine. He was healthy, and I wrote a personal letter to the company, giving his blood pressure. He was accepted. If so small a test influences an opinion as to longevity of life, we may well judge that the sphygmomanometer has a very useful field in medicine.

There are many instruments, but chiefly of two kinds: The mercury column in U-tube, and a smaller round instrument with a dial and hand, like a compass. Both instruments have a pneumatic rubber pad to be fastened tightly around the arm above the elbow. This is connected with a bellows pump and also to the column of mercury in the U-tube. By pumping air into the pneumatic pad the arm is compressed, shutting off the

circulation of the arm and raising the column of mercury, whose height is recorded on a graduated scale on the sphygmomanometer, resembling a weather thermometer. By operating a needle valve in the bellows, allowing a little air to escape, the mercury falls very slowly and the pressure upon the arm being relieved allows the pulse to again become perceptible.

The finger upon the pulse detects the first rhythm of the returning circulation, while the eye at this instant reads the height of the mercury. This reading is the systolic pressure. If the mercury should be allowed to continue to fall slowly by operating the needle valve, the pulse becomes full and strong and the mercury is seen to pulsate with every heart beat. A reading taken at the instant the pulse reaches its fullest volume and the mercury is making its greatest excursions up and down in the tube that reading will be the diastolic pressure. By subtracting the diastolic from the systolic pressure we get what is known as the pulse pressure.

More accuracy is obtained by placing a stethoscope upon the brachial artery in the bend of the elbow. The first rush of the smallest bit of blood past the constricting pad is easily audible. A reading of the scale shows the systolic pressure. If the air is released further, the sound of the greater volume of blood rushing by will become louder for a while, and then, as the full volume passes without constriction, the sound becomes less and finally disappears entirely. At this moment the reading will show the diastolic pressure. One can easily remember that the first sound of the passing blood is the systolic pressure and the last sound heard is the diastolic pressure. The systolic pressure is usually spoken of as blood pressure.

The use of the dial instrument is the same except the hand moves around and the pressure is recorded on the dial instead of there being a mercury tube.

In ascertaining the different pressures, many things influence the reading even in perfectly normal people, and a careful study of this subject in a text will have to be made in order to properly judge a reading. Age, sex, physical condition, position of the body, the use of alcohol, and many other things have their influence.

A systolic pressure of 130 in a male adult at the age of 30, and a diastolic pressure of 85, would be considered normal, and yet the stethoscopic method of determining would make the systolic reading probably 135 and the diastolic 75, for the reason that it is easier to hear the pulse than to feel it.



As to age, a good way of remembering is to take a male adult at twenty, whose normal blood pressure (systolic) is about 120. Then for every two years in age add one of blood pressure. Thus, a man at thirty would have a pressure of 125, and at sixty it would be 140.

An abnormal blood pressure, of course, is only a symptom and not a disease in itself. A high blood pressure is usually found in arteriosclerosis, angina pectoris, in acute nephritis, especially in children, as post-scarlatinal. In chronic nephritis the pressure has been known to reach 300 mm. Uremia, endo- and myocarditis are always accompanied by high blood pressure. In aortic regurgitation the heart must develop power enough to deliver a volume of blood sufficient to compensate for the regurgitated, thus increasing the systolic pressure.

A class of diseases which always show a slight rise but not so pronounced as are those above, are: Asthma, chronic bronchitis, neuralgia, obesity, rheumatism, goiter, infectious diseases, such as typhoid and pneumonia. A systolic pressure of 150 or above is a danger signal, and should be investigated and the cause treated.

Some of the conditions showing a low blood pressure are: Diabetes, cardiac dilatation, shock, or collapse, hemorrhage, jaundice, pulmonary tuberculosis, anemia and diarrhea.

Pressures have been known to fall as low as 40 mm. and recover. The administration of chloroform causes gradual deduction in the pressure, while ether gives a moderate rise during its use.

Treatment I will merely outline. The underlying cause is to be sought after. The blood pressure being only a symptom, will be influenced by the changes in the producing disease. However, a sudden lowering may be successfully overcome with drugs, such as adrenalin, digitalis, strychnine, etc. Or, when due to hemorrhage, the Murphy drop. Likewise, a sudden hypertension may be lowered, preventing an apoplectic stroke, by the use of vaso-dilators, sweats, venesection, etc.

## THE TREATMENT OF PELLAGRA

E. H. Bowling, B. S., M. D., Durham, N. C.

As the cause of pellagra is unknown it furnishes a rich field for the medical nihilist. It is rather humiliating that because no one has found that there is a sovereign remedy for the complaint that a great many medical men fold their hands with the complacency that is the twin brother of ignorance and are satisfied to give their patients some form of

arsenic or hypodermics of cacodylate of soda, or worse still to give some palatable placebo and patiently wait while the disease gnaws out the vitals of the patient.

Since the general acceptance of the theory of Goldberger that pellagra is caused by the ingestion of an unbalanced ration, the condition of the average patient is worse than before; for a great many medical men accepting the theory without thinking of the gastric condition of the patient jump to the conclusion that all that is necessary for the cure of the patient is to stuff his anatomy full of the proteids and presto change—the patient is well. It is hard to conceive of a more pitiable sight than to see one of these unfortunates in the last stages of the disease with a gastric irritation of such type that the stomach is not reacting scarcely any of the digestive ferments and certainly no hydrochloric acid, with the ropy saliva stringing down from the mouth sitting over a plate of beans and trying to devour—this to him—nauseous dose, being assured by his physician that if he will eat plenty of beans that the cure is certain, swift and sure.

I do not believe that pellagra is caused by an unbalanced ration and the experiments of Goldberger do not prove to my mind that this is the cause. While these experiments were brilliant and on the face conclusive, still we know that to take a lot of men in the most approved physical condition and put them on a semi-starvation diet for any length of time would so decrease their resisting power and would so lower the opsonic index that they would be subject to any disease, and if as soon as the disease appeared they were put back on a good wholesome diet before there occurred any trophic changes in the stomach that they would recoup all the ground they had lost, by nature's methods; would throw off the disease and regain their accustomed health; but to try to give the emaciated, run-down person this same food would be just a little short of criminal.

The cause of pellagra has never been definitely settled and in the present state of our knowledge one man's theory is worth as much as another's provided he has conscientiously studied the disease in any great number of cases and has gone at his work with his eyes open to see the different phenomena that are plainly evident and with his mind in a receptive mood.

Almost everything has been accused of being the cause, the more prominent of which might be mentioned the ingestion of ordinary maize, excessive use of sugar, the use of cotton

seed oil as a food, the Buffalo gnat, the house fly, an unbalanced ration, and even the lowly bed bug has been tried and convicted by circumstantial evidence.

While all of these theories have their staunch advocates and are championed by men who can wield a lusty blade, none of them with the possible exception of the unbalanced ration theory, as advanced by Goldberger, has been generally accepted by the profession and this theory has not by any means been universally regarded as the cause.

Garrison of the Thompson McFadden Commission, while advancing no definite theory said that he was convinced that it was either an infectious or a contagious affection. With this theory I most heartily agree except I would limit it to an infectious malady.

There are a good many things about pellagra that we know, and a great many that are in the realm of interrogation. For instance, we know that a person may develop the complaint with a normal or possibly an abnormal amount of hydrochloric acid in the gastric secretions, but as the disease advances we see a progressive loss of the acid in the stomach until its final absence. I called attention to this fact some five years ago, and it has been proven correct by a number of observers since that time, and it has been found to be universally true. Here is one of our big question marks, why is it so? What causes this gradual loss of functions that stops the secretion of hydrochloric acid?

Another big interrogation point is, Why is it from infancy to puberty as many males as females develop this disease, this same condition is also true from forty-five to old age, but from puberty to menopause three females have the disease to one male. Could this condition of affairs be explained by any theory that has been explained by any theory that has been advanced as to the causation of the malady? Do not females eat the same food and are not they subject to the same surroundings as the males with whom they live, then why should they be three times as subject to the disease and only woman of the child bearing period? Then again if we accept any theory except that it is caused by an amoeba, how can we account for its evident spread in families in communities in whole sections of the country?

From what has been said above it is evident that I believe that the disease is of amoebic origin. This theory is the fruitage of a careful study of more than four hundred cases, and every other theory had to be relegated to the discard when illumined by the glow of stubborn facts. No theory



except this will account for the phenomena so plainly evidenced in a study of any great number of cases.

Pyorrhea alveolaris has been proven by Bass to be caused by an amoeba and the concurrence of pyorrhea with pellagra, while not universal is so common that it led some observers to believe that pyorrhea was really the cause of pellagra.

The observations carried out for the past eight years forces me to the belief that pellagra is caused by the ingestion of some form of amoebic life, not yet isolated into the stomach, here it multiplies and begets its kind, forms toxins or ptomaines which on being absorbed into the blood has a deleterious effect upon the thyroid gland and the symptoms that we recognize as pellagra is mostly thyroidosis. To those who have had experience with nervous break-downs, hysteria, Cresinism, Myxedema and Graves' disease will recognize a marked similarity all along the line. These other diseases we know are caused by a diseased condition or abnormality in the secretion of the thyroid. Why not call a spade a spade and recognize the diseased conditions of the thyroid in pellagra? Does not this answer this question of why three females in child-bearing period have pellagra to one male? Is it not a fact that five females have goiter to one male at this identical age?

We learned in college that the colloid (glue like), material which is found within the thyroid vesicles and is believed to be their secretion finally ruptures through their walls into the lymph channels and gets into the circulation.

The secretion of the thyroid falls into the class known as internal secretions and exerts a profound influence upon the metabolic processes of the body, probably through the agency of the central nervous system.

Complete extirpation of the thyroid, at least in some animals, produces death, preceded by a group of characteristic symptoms after removal come slowly and resemble the disease known in man as Myxedema. If a piece of thyroid of sufficient size be grafted into one from whom the gland has been removed and the graft takes, the symptoms of thyroid removal are lessened or disappear altogether; also thyroid feeding relieves the symptoms of myxedema. The above facts show that the thyroid must perform some important function in the animal economy and it is believed that this is by virtue of its internal secretions.

As long as theorizing is in vogue why not go a step further and say that the thyroid causes the secretion of hydrochloric acid in the stomach? We little understand the functions of the



thyroid, we know the bad results of its removal and we see the effects of its not functioning properly and why not attribute to it this function of causing the secretion of hydrochloric acid by the stomach?

Whether this is true or not, this much is an open book to all observers, that nervous, hysterical people, in other words those whose thyroids are not functioning properly are always miserable dyspeptics. He who has not tried to cure his neurasthenics by giving general and stomach tonics may throw the first stone.

Then if this theory is really based on fact, that would easily account for the fact that we have the progressive loss of hydrochloric acid in the stomach. We know that the thyroid has an effect on the blood and in all cases of pellagra without exception we see a progressive loss of haemoglobin, this and the acid going hand in hand can have but one common cause.

While this theory may seem a little far fetched, it is possible to draw an analogy from goiter, a disease which has been more extensively studied and about which a great deal more is known than is true about pellagra.

Certain waters cause goiter, but when this water is boiled, i. e., when the amoeba is killed, the same water will not cause the disease. Again from eighty to ninety per cent of cases of goiter are in woman, the same rules apply to cretinism. In the study of goiter it has also been proven that the thyroid produced a substance which acts as an antidote or antitoxine to certain toxic products of daily metabolism. How evident is the loss of this function in any well defined case of pellagra.

Goiter, cretinism, myxedema and pellagra are from three to five times as common among women as among men, the first three we know to be caused by a diseased condition of the thyroid, why are we to believe that pellagra is an exception to the rule?

We can now advance from the marshes and low lands of theory to the high hills of proven facts. Acting upon the theory outlined above, the treatment of this marady is comparatively easy. If the amoeba is really the cause of pellagra then of course we want the best amoebicide in the pharmacopea, and fortunately this has been given us in ipecac. We can give it hypodermically as emetine or per orem as Alcresta Ipecac as prepared by Lilly. My usual plan is to give a ten grain tablet of Alcresta Ipecac every four hours and keep this up for ten days or two weeks or until I am certain that all the germs have been destroyed. With this it is advisable to

give a tablespoonful of castor oil each night, for the double reason of evacuating the bowels and removing the debris from the system, and further the oil such as passes down into the bowel acts as a healing agent for the inflamed membranes.

In this stage it is almost universally true that the mucous membrane of the whole alimentary canal is in a state of active congestion and more probably inflamed. The remedy that in my hands has given universal relief is:

F. E. Condurango, 1 ounce.

F. E. Echinacea, 1 ounce.

Listerine, 2 ounces.

Caripeptic Liq., 4 ounces.

Mix sig, two teaspoonfuls in water one hour after meals three times a day.

When the ipecac has been given for a sufficient time to destroy the amoeba and the gastric and intestinal catarrh has been relieved by the above mixture then can be started the sine qua non in the treatment of pellagra and that is hydrochloric acid in some form. My favorite is freshly prepared chlorine water made as follows:

Take chlorate of potash 40 grains, add pure hydrochloric acid 4 drachms, mix in 8-ounce bottle, and when the bottle is well filled with the chlorine gas add slowly water sufficient to make eight ounces. The resulting mixture should be a rich yellow color and will be rather acid. Of this the usual dose is one teaspoonful in water every two hours. I have never known a patient who could, and did take this mixture for a reasonable length of time that failed to be cured and stay cured, some of them now as long as seven years.

The mistake should not be made, as has happened in my experience a number of times, of giving the chlorine water while the stomach is in a condition of acute inflammation. Should this mistake be made it will cause acute distress to the patient with an aggravation of all the pellagra symptoms. If the patient complains of the medicine burning his stomach and feels as if he had swallowed hot iron, the remedy should be discontinued and the Condurango mixture continued until the stomach is entirely cured. The patient should experience no discomfort from the ingestion of the chlorine water and if he can take it without discomfort continue it until he is cured. One patient under my care took it regularly, without my orders, for twelve months some eight years ago, and has never had a return symptom since. Her case had been pronounced hopeless and did indeed look so when she came into my hands.

If the theory advanced in this paper that the faulty action or possibly non-action of the thyroid accounts for most of the symptoms of pellagra, then we could reasonably expect the chlorides to prove beneficial in its treatment. The Italian physician discovered years ago that sodium chloride was beneficial in the treatment, and we know that possibly no known drug has as good effect on goiter as the long continued use of ammonium chloride. The best known preventive treatment of puerperal eclampsia which it doubtless causes by non-action of the thyroid is chlorate of potash. The chlorides seem to be especially stimulant to the thyroid, this being true we would reasonably deduct the chlorine or the chlorides would benefit pellagra and in actual practice this theory works out most beautifully and satisfactorily.

As to the diarrhea in pellagra, the castor oil usually takes care of that, and it is scarcely ever necessary or advisable to give any astringents or other remedies to check the diarrhea. For the gaseous fermentations that are very general, probably no remedy meets this indication so well as some of the various mineral oils, my preference is liquid vaseline on account of its high specific gravity. As to the loss of hemaglobin and the legion of nervous symptoms, they have to be met by the usual and well known remedies.

In regard to the diet of the pellagrin, I put no restriction on the diet, but advise a well regulated and well balanced ration. I neither advise or interdict a proteid diet. The best criterion is the natural wants of the patient, but my experience leads me to push the carbohydrates, especially the saccharine group with an abundance of fruits as even more desirable than the proteids, but we should not eliminate either or any, but let the patient eat what he most desires and what he can best digest.

I have dealt pretty extensively in theory, now what of the results? In the past two years I have treated along the lines outlined above one hundred and seventy-five cases with a mortality of less than three per cent, and these cases were practically moribund when they came under my care. This is a percentage of cures that I can not boast for measles or whooping cough; diseases that we do not look upon as such dreaded scourges as we do pellagra, and the time is now when we can attack this pestilence with a degree of confidence that a few short years ago bid fair to scourge our fair Southland as a consuming plague.

## NEWS ITEMS

Dr. H. V. Crook, Big Pine, was in Los Angeles last month to visit a surgical case of his at The Westlake Hospital.

Died: Dr. James H. McDonald, Puyallup, Washington, graduate of the American Medical College, 1877, died on April 28, at the age of 77.

Dr. Clyde Roath, Los Angeles, recently passed the State Medical Board of Arkansas.

Dr. J. B. Mitchell, San Francisco, who has been in ill health, is recovered and back at work. Following the death of his wife he was forced to take a long rest.

Dr. C. N. Mosher, Santa Ana, was a frequent visitor at The Westlake Hospital last month, where he has had a gall-bladder patient operated upon.

Dr. H. C. Smith, Glendale, has disposed of his old automobile, and is now driving a new one, Auburn.

June 11th, 1918.

To the Editor,

California Eclectic Medical Journal,

Los Angeles, California.

My Dear Editor:

During this strenuous time of War there are a great many people who are of foreign birth, and are fearful lest they will sooner or later have to face internment or imprisonment, because we are at war with the countries of their nationality.

Those of us who have been thrown in the light of foreign situations, must at times have experienced the wonderful liberality and freedom of this country.

I have before me a pamphlet from Washington which I would like to urge every reader of the Journal, foreigner or other, to send for and read through carefully. This can be gotten free of charge. It is entitled:

"Loyalty Leaflet No. 1. Friendly Words to the Foreign-Born. By Hon. Joseph Buffington, Senior United States Circuit Judge of the Third Circuit." Committee on Public Information, Washington, D. C.

There is a series of these publications and I would urge every physician to obtain the chain and place them in his reception-room. There is one of the best places for publicity. The people should learn more about the present-day situation. I am sure Washington will welcome your interest in this matter.

I remain,

Sincerely yours,

E. R. PETSKY.



# The California Eclectic Medical Journal

Vol. XXXIX

AUGUST, 1918

No. 8

✦ Original Contributions ✦

## SYPHILIS ACQUIRED AND CONGENITAL

J. C. Solomon, M. D., Los Angeles.

Read before the California Eclectic Medical Society.

It may seem strange to call attention to the problem of Syphilis, as it is recognized by all that Syphilis is a contagious disease, and that in consequence it is frequently transmitted by the infected person to the wife and children, etc., in spite of this knowledge the problem is largely neglected.

The complete story of Syphilis and its ravages cannot be told in a limited space. Suffice it to say that the symptoms of Syphilis may occur at any time after the infection, even though an individual live a half century, and that Syphilis imitates in its symptoms almost every disease. Some of the most frequent and most serious of the syphilitic conditions are cardio-vascular disease, i. e., early arteriosclerosis, apoplexy, aneurism, angina-pectoris, etc., and diseases of the nervous system, such as general paresis.

General paresis and locomotor ataxia (Tabes Dorsalis) are without exception syphilitic manifestations, just as without the tubercle bacillus there can be no tuberculosis, so without the spirochete pallida (the germ of syphilis) there can be no paresis or tabes.

We cannot here consider the mental, physical and moral devastation, the economic and social wastage, the anguish and suffering caused by those who have acquired it in adolescent or adult life, after nature defenses have been broken down, nor can we do more than merely enumerate a few of the terrible consequences on the offspring of the infected. Sterility, abortions, miscarriages, still-births and early deaths are among the less terrible consequences of parental syphilis.

These potential lives escape the sufferings and handicaps of many who are born with congenital syphilis. Feeble-mindedness, deafness, blindness, paralysis, deficient development, marasmus, meningitis, and skin diseases are among the early manifestations of congenital syphilis. Many congenital syphilitics are afflicted only with lessened vitality, anemia, delayed development, irritability, nervousness, neuritic manifestations and the like; others are apparently healthy, well developed children; but during the pubescent and adolescent periods the presence of the disease first makes its appearance, frequently interstitial keratitis, leading to partial or total blindness, or deafness, or there may appear the symptoms of syphilis of the central nervous system, known as juvenile paresis, juvenile tabes, etc., running through the whole gamut of the conditions produced by acquired syphilis. Many more conditions resulting from congenital syphilis might be added as well as the suspicion that many cases of neurasthenia, hysteria, and dementia precox, may be of like cause, but enough has been said to indicate the ravages of the disease.

How is it possible that such conditions are allowed to continue almost without a challenge? The reasons are several, the greatest of them is ignorance upon the subject, not only of the semi-informed social worker, but also a considerable degree of ignorance and indifference on the part of many physicians. This is not an arraignment of physicians; it is only a frank acknowledgment that our information is slowly accumulating and is still almost in the hands of the specialist, although several city and state health authorities require that every case of syphilis that may come under the care of a physician must be reported. But, is it done, is a question in my mind. However, I wish to state in this connection that every case, even in the secondary or tertiary stages that comes under my observation I report to the health office.

To any one suffering from syphilis, let me boldly offer the advice that none should be discouraged, if his physician disagrees with what is here stated let him consult a specialist. We can hardly pause to recall the difficulty of lay education on this previously prohibited topic, and the physician's hesitancy of betraying the confidence of his syphilitic patient, even to protect another, but there are other factors to be considered which depend on the very nature of syphilis. After the early symptoms, for a long period of time there may be no evidences to the patient that the disease is active, and hence he thinks he is safe, even though warned by a physician, he may disbelieve and marry, or the physician may believe him cured and give consent to marriage, or the victim

of the disease may be ignorant that he has or has had acquired syphilis; at any rate, as we well know, marriage is entered into by many syphilitics, and then arises the problem of the syphilitic. The problem as previously stated, is well recognized by all engaged in the study of syphilis. The family of the syphilitic, including wife and children, have been exposed to syphilis, the wife to the so-called acquired form, the children to the congenital form. Not all exposed to syphilis acquire the disease; for from it, for at least 75% of all prostitutes have syphilis, and if it were universally infective it would be almost universally widespread. There are certain laws that give us some insight into the infectivity of syphilis; for instance, it becomes less contagious as time goes on; open lesions are usually necessary for its transmission. In the congenital form the ravager grows less as the time from the original parental infection increases. These laws can be found in text books on syphilis, both medical and for the layman, but these laws are based on statistics, and while they apply to a group of cases, any particular case under consideration may prove an exception; in other words, there are many exceptions and much that we don't understand, so that every case presents a different problem. Syphilis in both its acquired and congenital forms is not always easy to recognize. A characteristic of syphilis is that there are long periods of quiescence or latency lasting months and years, during which there are no symptoms that bother the patient or appear on superficial examination; then five, ten, fifteen, twenty, or even forty years of latency is broken by an increase of the disease,—syphilis perhaps easily recognized as syphilis, but too late for treatment. In other words, latency may only mean the absence of manifest symptoms, while the disease is actively destroying the organism. This period of latency is to be found in nearly every case in which the most serious results happen. Many individuals are not aware that they have acquired syphilis until the late manifestations appear. We have often had patients relate how lucky they have been in avoiding syphilis all their lives, when as a matter of fact they were victims of the disease.

It is by no means easy to make a diagnosis of syphilis. In the last few years we have been greatly helped by the Wasserman test, but this is not a sufficient and final criterion; there is still much difficulty and much to be learned, but we do know that the most likely field for the discovery of syphilis is the family of the syphilitic patient. In many cities and states they have well equipped clinics; here we also have a



hospital created for the profession of prostitutes who happen to be arrested by officers of the law for vagrancy, are examined, and if syphilitic are placed in the hospital for treatment until cured, or rather until the open lesions have been restored to a healthy condition. The examination and treatment when indicated, in particularly the family of the syphilitic, becomes one of the greatest services such clinics and hospitals can offer the patient, his family, the community and the nation.

The suggestion of Moebius about a generation ago, that paresis and tabes were syphilitic conditions met with great skepticism, but as new tests were discovered this hypothesis became more and more plausible, and in 1913 the final link in the chain of evidence was the discovery of the spirochetes in the brain and cord of the parietic and tabetic by Noguchi and Moore. With the discovery of a serum test in 1906 by Wasserman, Neisser, and Bruck, a new aid and a new impetus was given and since the studies have been made by man in all countries, among whom may be mentioned Regis, Hasckel, and Hyde, the findings of these men differ only in percentage. It should be borne in mind that the Wasserman findings do not represent the total of syphilitic involvement. In many syphilitics a negative blood Wasserman test is obtained. Much of the syphilitic damage is represented by abortion, miscarriages, still-births, and early deaths, no greater cause of race suicide can be imagined than syphilis.

In closing I wish to say that to those who fear to tell a man or woman that the above diseases mentioned are syphilitic manifestation, I will offer a timely warning, because before long this will be as common knowledge as that consumption means tuberculosis.

### MISTAKEN DIAGNOSIS, OR NON-DIAGNOSIS, WHICH?

E. R. Petskey, M. D., Douglas, Ariz.

While spending a few weeks in the northern part of the state I was called upon to examine a child eight years old. The parents told me that they had called in a certain doctor, but that he had failed to return. On the day he did call, he pronounced the case one of scarlet fever. He placed a thermometer in the child's mouth, but refused to remove same and insisted upon the mother reading it. Then he rinsed his mouth out with Listerine, washed his hands and face, and beat it.



The child had been in hospital with the measles and was released and about two days afterwards had a temperature of one hundred and two with a pronounced rash all over the body, but never any on the face. The eyes were beautifully clear. She felt good. It was five weeks from the time she first began to have the temperature to the day I saw her. I immediately disagreed with the first diagnosis, but must say the case puzzled me. Urine showed albumen: leucocytes 13,000. I examined the tonsils and there found to my mind the whole trouble. The glands of the neck were enlarged and also in the axilla. Advised the parents to take the child to the coast to a cooler climate and there to have the tonsils removed, but they asked me to perform the operation and then decide about the coast trip. I agreed to do so. Child was operated on the next morning. Within twenty-four hours the temperature began to drop to normal. In three days the child was up and around and the nurse discharged, and has been well and normal ever since. During this stage of illness, the patient would soil four to five cloths a yard square with the most terrible discharge from the nose. I also removed adenoids.

During the last few months I have met several cases that had a rash all over the body and did not show any other outside symptoms. A good practice when in doubt as to your trouble, is to examine the throat very carefully. I have gone so far as to appeal to the Judge to have a quarantine card removed. Remember what it means to your patients and the other householders when you tack up that yellow or red card. Keep your patient under observation till you are sure of your diagnosis.

After a tonsilectomy, I use the following mostly:

- R. Spec. Tr. Phytolaccae, Dr. jv-vjjj
- Tr. Ferri. Chlor., Dr. jj.
- Spec. Tr. Chionanthus, Dr. jv.
- Glycerini, Oz. j.
- Elix. Simplicis, q. s. Oz. jv.
- Misce.
- Sig:—Dr. j 0 H 3.

Externally: Either my favorite Libradol combination or a cold compress to be changed twice a day.

Since writing this article another child sixteen months of age has come under my observation with similar symptoms. Here also I operated on the tonsils. Results gratifying. I might add that I am not partial to the complete removal of the gland and very very seldom resort to this drastic meas-

ure. I feel that by this method I have not deprived the patient of its glandular action. We adhere closely to the same principles in Oophorectomy; then why not so in tonsilectomies?

Whilst dwelling on the lines of diagnosis, may be some kind reader will enlighten me on the following case. I will admit that I have failed in my treatment here.

Patient is a male, nineteen years of age. He cannot hold his water. Suffers no pain. Does not have any bad habits. Urinalysis reveals nothing. Physique is very good. He is rather inclined to be morose. Does not require a circumcision. Tried pituitary extract on him with no results. The question is whether this is an affection of the kidney or the bladder, or the cut-off muscle. Any helpful suggestion either through the columns of the Journal or directly to me, will be highly appreciated.

We ought to use our Journal more as a medium of exchange of thoughts and experiences as well as questions, and I am sure our Editor will welcome this also.

### IMPRESSIONS RECEIVED FROM OBSERVATIONS INDELIBLE

Henry M. Owens, San Francisco.

The mind is so constituted that whatever is placed in the line of vision is forever imprinted on the memory, particularly so on the minds of women, because of their finer sense and higher nerve tension, and anything which is out of the ordinary is more likely to be branded deeper on a woman's mind than the every-day affairs of life.

The natural trend of the mind is to observe and be shown; descriptions fail to impress. Things must be shown in order that the memory may easily recall how the objects exhibited, appeared; in fact a single picture often conveys more information than a volume of description. There is nothing impressed upon the memory unless the subject matter is associated with form or shape, color, horror or beauty. All natural things, however beautiful or ugly, which compose the universe and its contents, have a shape. No physical being or thing can exist without having elements existing in nature; nothing could possess its mark of distinction, nor have any looks, shape or resemblance, so that we could recognise or distinguish between persons or things. The configuration of persons and inanimate objects is permanent or varied as age advances and this faculty is aided by being able to retain the

recollection of shapes and forms previously observed by their figures and appearance.

As far as the eye can distinguish a person, we know him to belong to the human race by his resemblance in form to that race. Besides this general resemblance though all men have feet, body, hands, heads, eyes, noses, mouths, chins, eyebrows, foreheads, hair, etc., yet no two human beings look exactly alike. There are distinguishing marks, hence it becomes necessary to distinguish by comparison, i. e., inductive reasoning. We must classify and reason from parallel cases and a collection of scientific facts, put this and that together and draw our inferences in order to arrive at a conclusion. This mode of reasoning, properly applied is an infallible exponent of truth. To reason without facts, is like attempting to erect a structure without first laying a foundation.

In order to be able to identify a person or to say a child is legitimate, it is first necessary to obtain all of the known facts as to his birth, the characteristics of his supposed father and mother, the surroundings of the mother and the condition of her physical health and mentality from conception to birth; whether or not she was an admirer of looks of any particular man, other than the father of the child, or an admirer of the portrait of any other person, her opportunities and desire of visiting art galleries, whether or not an unusual event, was observed by her during pregnancy. Observe her looks, shape, form, mannerisms, dialect, complexion, color of her eyes and hair; also whether her association with the father had been pleasant and congenial; whether he had been her ideal of husbands or fathers, and had furnished her with plenty of food, clothing and amusement during pregnancy; did she apply her mind in any particular direction; was the child a welcome visitor or an intruder? All of these facts must be presented to the alienist in order that he may draw inferences before he can render his conclusions as to the legitimacy of the child, or the identity of the person.

The same facts should be sought in a criminal trial in order that it may be determined as to whether or not the prisoner was branded with any trait of prenatal influences. These questions should be learned by every prospective bride or groom in order that they might determine before-hand that they were physically unfit to get married and raise children, before it was too late.

### **Reasons Why These Questions Are Asked.**

In determining the paternity of a child the medical examiner should bear in mind that it has been held by medical



jurists that the children of a woman may resemble her first husband, although long since deceased; or alive, but in no way responsible for her pregnancy, rather than their own father; on the other hand, the child may resemble and have all of the characteristics of an acquaintance or even a stranger, both of which not being carnally known by the other, or the appearance and characteristics of an animal. (If carefully observed, every man or woman has some resemblance to the family dog which prevailed in the household when they were conceived, and it is not a very hard task to name the breed of the dog.)

### Where Do These Characteristics Originate?

Up to very recent times it was believed even by naturalists, that all the various processes of multiplication observable in different kinds of organisms, had one essential character in common. It was presumed that in every species the successive generations were alike. It has, however, been proven to the satisfaction of almost every writer on the subject of genesis that in many plants and in numerous animals that the successive generations are not alike; that from one generation there is produced another whose members differ more or less in structure from their parents; that these reproduce themselves or like their parents or altogether unlike either. But in a subsequent generation, the original form is reproduced. This heredity plays its role to a certain extent, that is to say, each plant or animal, it reproduces, gives origin to others like itself, the likeness consisting not so much in individual traits as in the repetition of the same general structure.

This truth is plainly seen in sheep, cattle, horses, dogs, cats, and hogs. I use these species because we are all more or less familiar with these animals. A male and female sheep will reproduce a sheep, but it may have a black fleece while its parents both had white fleeces and the same applies to the other animals, yet nowhere in previous generations did this color appear. The individual traits of the animal, however, may be altogether unlike either of its parents or forefathers. Therefore not inherited. That individual traits of the parents are transmitted to their children is a settled axiom and can no longer be questioned. Yet heredity is not the only source through which these characteristics are reproduced, and when I speak of traits I do not refer wholly to the shape of any of the anatomical parts of an individual, but in all of my discussions of traits and characteristics, I desire to be understood as referring largely to mental traits and characteristics. We must remember that equally conspicuous with the truth, that



every organism bears a general likeness to its parents, yet it is the positive fact that no anatomical structure is exactly like either parent; hence variation is coextensive with heredity.

The degrees of variation have a wide range; some deviations are hardly noticeable while others are great enough to be classed as monstrosities, but the transmission of variations is itself variable both in the directions of decrease or increase. An individual trait of one parent may be so counteracted by the influence of the other parent that such traits may not appear in the offspring, or it may appear in a less or in a higher degree. Though unlikeness among progenitors is one antecedent of variation, it is by no means the only one. Were it so, then the offspring successively born to the same parents would be exactly alike in traits, character and appearance.

If any peculiarity in a new organism were a direct resultant of the structural differences between the two organisms which produced it; then all subsequent new organisms produced by these two would show the same peculiarities. But it is a well-known fact that successive children have absolutely different appearance, shape, color, character and mentality. In fact no two are ever exactly alike; thus the science of induction points unerringly to three causes of variations working and in action together.

We see functional variation in the parents, which acting alone or in combination with the preceding cause, would entail the same structural variations on all young ones simultaneously produced, which all biologists admit does not exist. Therefore old mother nature unerringly points her finger straight to a third cause of variation, which acts along with the structural and functional variations of ancestors and parents.

Spencer and others so far as they have gone in their investigations admit that this "great third cause" is yet to be found. (Spencer, Vol. I, p. 325.) This third cause is, we claim, without fear of ever being successfully contradicted, to be what we here call "Utero Foetal Photography." This cause is not brought about by any functional changes in the parents, as claimed by Spencer, but it is caused by an altogether different influence, as we will shortly see.

Darwin says he has sometimes thought it was due to change. But says Darwin: "It serves to acknowledge plainly our ignorance of the cause of each particular variation," and Spencer, while holding in common with Darwin that there must

be some cause for these apparently spontaneous variations, yet he assumes that a definite cause is assignable. He says: "A single touch, by introducing into the body some morbid matter, may set up an immensely involved set of fundamental disturbances and structural alterations. The whole tenor of a life may be changed by a word of advice; or a glance may determine an action which alters thoughts, feelings and deeds throughout a long series of years," and after attempting to sustain his position that there is an assignable cause, yet he is still in doubt for he says: "Still it may be fairly objected that however the attributes of the two parents are variously mingled in their offspring, they must in all of them fall between the extremes displayed in the parents." In no characteristic could one of the young exceed both of the parents, were there no cause of "spontaneous variations" but the one alleged. Evidently then, there is a cause yet unfound.

It is a well-known truth that the power of geological actions to modify the shape and form of plants and animals is conspicuous throughout the world. In each locality denudation slowly uncovers different deposits, and slowly changes the exposed areas of deposits already uncovered. Plants and animals of all kinds are in the course of generations, subjected by alterations in the crust of the earth, the changes of the ocean currents, of cold or warm water and the action of the sun, to sets of incident forces differing from previous sets, both by changes in the proportions of the factors, and occasionally by the addition of new factors.

A change of the climatic conditions or modification of the soil will also act favorably or unfavorably on the plant and vegetable life and the animals or human beings which eat the plants thus affected are more or less altered in their states of nutrition and sooner or later will show its effects on them; and on the status of the nutrition of the organisms depends largely the status of the offspring.

All biological interpretations, speculations, and investigations tacitly assume that organisms of every kind in every era and in every region have come into existence by the process of descent with various modifications, yet all do not agree on the process of evolution as being the chief cause of perfecting the human species. That the process of natural selection, has played a large part, is admitted by Darwin, Weismann and others, and many others charge it up to the inheritance of functionally produced changes. Yet many admit that both had their share in bringing the human race to its present status.

## CIVILIANS MUST NOT USE WHAT GOVERNMENT NEEDS

Frank B. Anderson, the San Francisco banker, says:

"When Congress appropriated twenty billion dollars for the first year of the war, it consciously or unconsciously, appropriated the labor and services of all of the people of the United States—not twenty billion dollars, but raw material and the labor to turn that raw material into the finished product needed in the prosecution of the war.

"The production of the country before it entered into the war was approximately forty billion dollars, the consumption approximately thirty-five billion dollars, the excess approximately five billion dollars. Consequently the ability to make good the appropriations of Congress requires increased production or decreased consumption, or both, that would raise the surplus from the normal five billion dollars to twenty billion dollars.

"The plans and activities of the Administration will fail or be delayed to the extent that the population fails to bring the surplus of production over consumption to the basis demanded by Congress; and neither Liberty Bond issues, War Savings Stamps, nor taxation can solve the problem, for the reason that money is of no avail if the population consumes what the Government needs to carry on the war. We must teach the people that every act and every expenditure of each individual has a good or bad effect on the winning of the war; that to the extent that each individual fails to deliver as full a day's work as he is capable of he is working against the army in the field and aiding the kaiser, and to the extent that he fails to respond to the Government's demand for conservation of those things that are needed for the army and Allies he is giving aid and comfort to the enemy and is creating the conditions and causing the delays for which he is criticizing the Administration.

"The great purchasing power of the country is not in the hands of the comparatively few rich men, but in the hands of the great mass of workers."

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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O. C. WELBOURN, A.M., M.D.  
Editor

D. MACLEAN, M.D.  
Associate Editor

P. M. WELBOURN, A.B., M.D.  
Assistant Editor

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## SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

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WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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## FIRESIDE MORALE

The Hun has posed as a superman for so long that he believes it himself. This makes his soldier a courageous fighter though it can not be said that he has any advantage over any of the Allies in this respect, least of all the Americans. But, other classes of the people must have courage as well as the soldier. Undoubtedly it requires courage of a high degree in the soldier boy to "go over the top," but it also requires courage in the father and mother to stay at home and just wait. General Grant has been given credit for saying, "We shall win this war if the folks back home don't run." And the same situation confronts us today. Already there is a little whimpering. Not much, just a little! The question is will our courage grow as our suffering grows, or shall we turn yellow? History will tell the tale, and it behooves us to see to it that the story is one worthy of a great people. And, as we are one composed of many, so also is our record. Individual personal courage by the fireside is as essential as in the trenches, and a great deal more somber. Personally I believe



that we have it, but the acid test of individual suffering will show to the world whether we are pure gold or just washed like the Kaiser's Yacht Cup.

### THE CANCER CAMPAIGN QUATERNARY: THE PROBLEM; THE PUBLIC; THE PATIENT; THE PHYSICIAN.

Wm. Seaman Bainbridge, A. M., Sc. D., M. D., C. M.,  
New York City.

No dissenting voice, so far as I am aware, has been raised against the movement, now so substantially under way, to educate the general American public concerning cancer. For more than a decade, as my published statements attest, I have emphasized the need for enlightenment on the part of the layman with reference to this disease, of which so much negative and so little positive information is available. I have endeavored to impress upon the medical profession the importance of so conducting the campaign of education as to avoid arousing needless alarm in the public mind, and to obviate the dissemination of conflicting views, theoretical observations, and deluding hopes. I have consistently and persistently maintained that physicians should be educated primarily, laymen, secondarily, and that pending the establishing of incontrovertible conclusions, hypothetical matters should be discussed in camera, and so cautiously that the promulgation of erroneous, premature, and misleading conceptions concerning any phase of the cancer problem would be reduced to a minimum.

The campaign of education has been under way long enough now for some estimate to be formed concerning the results, good, bad and indifferent, which it has yielded to date. It is time to ask ourselves whether the platform upon which we have been conducting the campaign has met the requirements, or whether it needs to be revamped in accordance with the results accomplished. We may well ask ourselves frankly: "Are we on the right road?" "Have we failed to notice and to point out any of the guide-posts along the highway?" "Have we misinterpreted any of the danger-signals?" "Have we wandered into by-paths fraught with dangerous pitfalls for those whom we are supposed to lead?"

No one, perhaps, is in better position to answer these questions than is the surgeon whose field of activity brings him in contact with a large number of persons directly or indirectly concerned with malignant disease. No one is more frequently importuned for what the patient, or the patient's

friends and family, consider the final word concerning this or that piece of information—or misinformation—gathered from the columns of the daily press, from the “popular medical lecture,” from the club, or from the medical meeting which the public may attend at will. Over and over the surgeon is asked, with emphasis as given: “**Is** cancer contagious?” “**Should** every little wart and mole, or every little lump and bump, be removed?” “**Will** I have cancer if I eat meat?” “**Must** I eat rice to prevent having cancer?” “**Does** persistent indigestion mean cancer of the stomach?” And so on, according to the hobby of the particular author or lecturer under whose temporary tutelage the individual has passed, and likewise, according to the peculiar psychological constitution of the said individual.

It has been said, in quite another connection, that “Experiments have two great uses—a use in discovery and verification, and a use in tuition. They were long ago defined as the investigator’s language addressed to Nature, to which she sends intelligible replies. These replies, however, usually reach the questioners in whispers too feeble for the public ear. But after the discoverer comes the teacher, whose function it is so to exalt and modify the experiments of his predecessors as to render them fit for public presentation.” In no field of investigation with which the physician is concerned may it be more truly said that Nature’s replies to our questionings come “in whispers too feeble for the public ear;” in no field of educational endeavor is it more important that the teacher render the subject matter “fit for public presentation,” than in this campaign of education concerning cancer. The reason is involved in the very complexity of the campaign. This must take into consideration the quaternary: the cancer problem, which, as all know, is full of complexities; the **public**, as a whole; the **patient**, as an individual; the **physician**, who is the one to deliver the message.

### The Problem.

Ever since the inauguration, less than twenty years ago, of the scientific study of cancer, the questions connected with this malady have multiplied so rapidly that they have become merged into one great, complex and unsolved problem. The chief constituents of this mystifying whole are concerned with: (1) the **cause**; (2) the **diagnosis**; (3) the **prevention**; (4) the **cure**, of cancer. Each one of these at once introduces us to a labyrinthine tangle of conflicting opinions, and hence of uncertainty. The layman conducted into this maze, unless by a skilful leader, is sure to become confused and discomfited.

**Cause.**—One of the organizations concerned with the propaganda against cancer recently issued a circular entitled "Fighting Cancer With Facts." Unfortunately, the one great and all-important fact, the **cause** of cancer, is not in our possession. Whatever may be our individual interpretation presented by experimentation or by clinical observation, we have **no** incontrovertible facts to give to the layman who seeks enlightenment concerning the cause of this disease. We may have some negative findings; we may assert positively that cancer is or is not due to any kind of a parasite, microscopic, ultra-microscopic, or macroscopic; we may persistently deny that diet, of whatever kind, is potent to initiate the malignant process; we may agree or disagree concerning the proposition that cancer is or may be inherited; and we may accept or decline the oft-repeated statement that cancer is local in its beginning, and not in any sense a constitutional disease.

No matter what position we may assume with regard to the etiology of cancer, an army of opposition may be marshalled against us, equipped with apparently just as invincible weapons as we possess; for, truth to tell, neither side is really fighting, so far as the cause is concerned, with the impregnable armor of fact. Neither side, therefore, can vanquish the other. Even though one side may marshal seventy-five or a hundred thousand rats and mice against seventy-five or a hundred human subjects, in a contest of theories, who can say that either mice or men have won a victory?

How soon the smoke of battle may clear away and leave us and our allies, mice or men, triumphant, nobody can say. We can but hope that this consummation devoutly to be wished may soon be fulfilled. In the meantime, let us continue, in the laboratory or in the clinic, to fight for the possession of facts which will clear up this fundamental question, the cause of cancer. Pending the successful culmination of these efforts, how shall we interpret to the public Nature's "whispers" which come in answer to our investigations into the beginnings of this puzzling disease?

A few years ago, when so much was being said within the medical profession and in the secular press concerning the contagiousness and infectiousness of cancer, many of us were constantly confronted with anxious queries along this line, and with the serious and unfortunate difficulties which arose in the care of patients with advanced cancer. We have not forgotten the urgent demands made by some of the radicals for the burning of clothing, bedding, and even houses in which patients with cancer had lived, nor have we forgotten the unwillingness and refusal of nurses and other attendants to



take care of these unfortunates. This theory of the cause of cancer, like the poor, we have always with us, and this dread possibility, that after all, the disease may be transmitted from man to man, from animals to man, or even from plants to man, figures at times, in one way or another, in the literature concerning malignant disease. The theory has not been proved, nor has it been universally accepted as disproved.

What, then, is it safe to affirm, in this connection, in the promulgation of knowledge regarding cancer? All, it seems to me, that need be said, is:

(1) That the contagiousness or infectiousness of cancer is far from proved, the evidence to support this theory being so incomplete and inconclusive that the public need have no concern regarding it.

(2) That the communication of cancer from man to man is so rare, if it really occurs at all, that it may be practically disregarded.

(3) That any relationship between cancer in animals and in plants to cancer in man, so far as the acquirement of the disease by man, is concerned, is purely an academic question, an hypothesis so far from verification that even the "whisper" of it should not reach the public.

(4) That those members of the public in charge of or in contact with sufferers from cancer with external manifestations, or discharges of any kind, need at most take the same precautionary measures as would be adopted in the care of any ulcer or open septic wound.

(5) That in the care of patients with cancer there is much less danger to the attendant from any possible acquirement of cancer than there is of septic infection or blood poisoning from pus organisms.

Of all the theoretic ghosts that stalk through the realm of cancer, however, the veritable Banquo's Ghost, refusing to be downed, is the ancient Constitutional Theory of the origin of this disease. It followed close upon the Evil Eye, the Curse, and other primitive ideas of the cause of disease, and it looms more or less vividly upon the horizon, its vestments varying with the times or with the "spot-light" cast upon it. Hand in hand with this ghost goes another, just now—Heredity, an unintentional ally.

The combination is not an easy one to combat in the campaign of education, for a bewildering array of facts, figures and fiction has been collected by the supporters thereof. To be sure, the facts are not fundamental ones, the figures may be impugned as may all statistics, and the fiction is as interesting as any other fiction concerning this homely subject; the



serious import thereof, however, has a bearing upon the treatment of the disease, as we shall see, and hence upon the campaign of education as applied to the layman. It is important, therefore, that a rational stand be taken concerning these theories of the origin of malignant growths by those who are earnestly endeavoring, without preconceived and biased views, to instruct the public in the matter of the eradication of this scourge. Is it not enough, then, to teach, in effect:

(1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formed concerning them, and that, in the light of our present knowledge, they hold no special element of alarm.

(2) That in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of distinct value, aside from any consideration of the essential cause of the disease.

(3) That suggestions which are put forward from time to time regarding the eugenic, dietetic and other means of limiting cancer, should not be accepted by the public until definitely endorsed by the consensus of expert opinion. Such consensus **does not exist** at present.

So far we have encountered only differences of opinion concerning the cause of cancer, but nothing that may be unqualifiedly pronounced a **fact**. What, more than mere hypothesis, may we say relative to this basic element of the great unknown? Is there nothing upon which all those who are interested in helping to eradicate this plague may earnestly unite, something which will materially aid in checking its ravages? Unfortunately, there seems to be no ground upon which all may stand so far as the **essential** cause of cancer is concerned. There are some dissenting voices, however feeble, with regard to the **predisposing causes** and the **local origin** of the disease; but the accumulated evidence, gathered from all over the world, from all manner of sources, from animal and other laboratory experiments, and from clinical observations so numerous as to seem to refute all opposing opinion, warrant at least the statements:

(1) That, notwithstanding the possibility of underlying general factors, cancer may, for all practical purposes, be at present regarded as local in its beginning.

(2) That prominent among the predisposing factors, for which one should be on guard, are: general lowered nutrition; chronic irritation and inflammation; repeated acute trauma; cicatricial tissue, such as lupus and other scars, and burns; benign tumors—warts, moles, nevi (birth-marks), etc.; also

that changes occurring in the character of such tumors and tissues, as well as the occurrence of any abnormal discharge from any part of the body, especially if blood-stained, are to be regarded as suspicious.

(3) That some occupations, notably working in pitch, tar, paraffin, analin or soot, and with X-rays, if not safeguarded, are conducive to the production of cancer, presumably on account of the chronic irritation or inflammation caused.

(4) That the finding of any abnormal condition about the body should be taken as an indication for competent professional and not personal attention.

**Prevention.**—It goes without saying that so long as we have not determined the cause of cancer we cannot definitely say that any given course of action or state of being may be counted upon to prevent the development of the local condition which we recognize as cancer. From long observation, as we have just seen, it has been determined that certain factors predispose to the initiation of the malignant process, and we are justified in warning against these factors, thereby placing the public on guard concerning them. We should not, however, be so zealous in our efforts to impress these predisposing factors as to be blind to other possibilities which may controvert our present stand. While busy with the problem of protective immunity, let us not brush aside as of no moment the proposition that heredity is a possible factor in the initiation of cancer, and therefore must be reckoned with in the prevention of the disease. But we need not (as some have done) become so imbued with the idea that heredity has been **proved** to play a part, as to advocate celibacy in those in whose person or family cancer is known to exist or to have occurred. Nor need we advocate the isolation of persons afflicted with cancer, or other extreme measures in keeping with the prevention of infectious or contagious diseases, because one school of cancer investigators persistently holds to the belief in the infectious nature of this disease. Let us continue to work—each in his or her own way, along lines of preference, looking to the solution of one or more of the enigmas and the ultimate complete analysis of the entire problem. But in the interim let us try to keep the public out of the investigation of the various theoretical and technical questions. Let us not do more than urge watchful waiting, along the lines indicated above, until decisive action is called for, but let us make it unmistakably clear that action, when needed, is the surest aid to the elimination of this malady, by the prevention of its occurrence or its eradication in its incipency.

**Cure.**—It has been urged by those who oppose the “cutting” of cancer, or who recommend the surgeon as a recourse of last resort, that the word **cure** is not applicable to cancer when the means employed are of a surgical nature. There is perhaps no more completely and ineradicably fixed delusion in the public mind than that cancer never is really cured, and that if it is cured it was not cancer. It is because of this idea, no doubt, that the public is always ready to accept on faith the latest therapeutic gallimaufry which is exploited. And yet the most tangible phase of the entire obscure problem of cancer concerns its cure. We come more nearly here to fighting cancer with facts than anywhere along the line. For such an accumulation of experience and observation is available to prove that cancer is cured by early and complete removal of the local manifestation which we call “the growth,” that this evidence would seem sufficient to convince even the most skeptical. And, forsooth, it would, were it not for the fact that this particular variety of skepticism is incompatible with the scientific attitude of suspended judgment pending proof. It has, moreover, kept alive the aforesaid constitutional theory of the origin of cancer, with various collateral theories concerning diet and habits of life. Out of these theories, quite naturally, have come various methods of treatment, ranging from Christian Science to Rice Regime.

#### The Public.

It is particularly with regard to the question of the cure of cancer that the medical profession, as a whole and individually, should assume the responsibility of safeguarding the public from conflicting opinions, and the consequent lack of confidence in medical advice, with its concomitants, neglect, or the following of false gods. And yet there has been and still is a deplorable lack of unanimity in our views.

I have repeatedly had occasion to discuss the question of “cancer cures,” and to deplore the fact that false hopes are constantly being aroused in the public mind by premature reports of “success” with this or that agent or method.

Radium is at present the storm-centre of conflict in this regard. The public is told by one authority (perhaps not intentionally), that “radium, our newest therapeutic agent, is proving to be of the utmost value in the treatment of cancer of all kinds, whether operable or inoperable.” By another the public is told that while this agent “will continue to be of value in the treatment of certain small, relatively benign, accessible cancers . . . as yet no consistent benefits have been obtained in deeper tumors.” On the other hand, reports have



been published in medical journals (and the information appropriated by the public) of deep-seated cancers "cured" by radium, while other reports tend to show that radium, "even in large doses, and when administered by some of its greatest advocates, is by no means infallible in the superficial cases that it is stated to cure," but, it is added, has made such cases vastly worse.

The public, meanwhile, reads of the thousands spent for radium products by one set of investigators, and of the doubt cast by another faction on the entire radium idea. One expert says: "Give me enough radium and I will cure every case of cancer"; another says: "Would that radium had never been discovered!" And the public loses faith alike in the advocate and the decrifier of this agent.

The same uncertainty confronts the public with regard to X-ray. "It cures"; "it should be used after operation in every case of cancer"; "it is of little or no benefit"; "it is positively harmful because it stimulates the growth of cancer,"—these and many similar statements may be found in campaign literature or heard in campaign lectures.

As for other so-called cures—and I have reference here not to the agencies employed by the patent quack—the public no sooner rids its mind of the hope aroused by the advocates of one "new remedy," before another is foisted upon it by reputable members of the medical profession.

The fact that the public receives much of its medical information through the newspapers, "hunting for something dramatic for their columns," should tend to make the profession much more guarded than it sometimes is in making statements concerning cancer and its treatment. Careless phraseology, which to the initiated is taken as intended, may be honestly misunderstood by the public, and for this reason, physicians, on general principles, should avoid such phraseology in dealing with a subject concerning which they have assumed to educate the public, and concerning which the public, in consequence of the preferred education, considers it has a right to knowledge from this source. If a layman reads, for example, or hears, that "while radium **manifestly** (the bold letters are mine) **ought to replace surgery in many instances**, and while it does some of its best work in **curing cases which surgery has not the remotest hope of touching**, yet on the whole there remains a large place for radium combined with surgery," etc., he is fairly sure to conclude that the author of such a statement means that radium can and does cure at least some cases which surgery is powerless to



benefit. Yet how many such cases can be presented? Are we fighting cancer with **facts** when we make such assertions, even among ourselves?

It must be confessed, however, that the public is not without blame in blocking the dissemination of useful information—or at least not harmful—concerning cancer. The intellectual proletariat may be excluded from this accusation, but those in high places in the world of letters are sometimes the gravest offenders. I have elsewhere directed attention to the unique and spectacular stand taken by one of the great editors of a few years ago, with reference to “cures” for cancer. Editors of today, with seemingly no realization of the evil that may ensue, allow the appearance of columns of sensational matter concerning cancer calculated to mislead their readers. Some of this—much, perhaps—is traceable to errors of judgment on the part of the medical profession; but much of it emanates, directly, from the aforesaid high places in the world of letters. A notable instance may be cited in the lengthy and positive advocacy of “red clover tea” by a facile and popular writer of the day, whose means of expression reaches at once thousands more than our campaign literature may be expected to reach in months or perhaps years.

A part, therefore, of the campaign of education should be directed toward impressing upon the public that if the hundreds of earnest workers in laboratory and in clinic are unable to discover ways and means, other than surgical removal, for the cure of cancer, it is a foregone conclusion traditional remedies, such as “red clover tea” and the thousand and one things that have been listed as cancer “cures,” are to be considered time-wasters, and their advocates false teachers.

Too much emphasis cannot be placed (and not enough has yet been given) by the disseminators of knowledge concerning cancer upon the fact that of the large number of “failures” to cure this disease by surgical means may be charged to ignorance or neglect, or both, on the part of the patient, rather than to any inherent fallacy in the method of treatment. In this connection, unfortunately, the medical profession, in part, is not blameless, for there are still many who prefer to treat “relatively benign,” superficial and accessible growths with caustics, electro-cautery, X-ray, radium, or some other non-surgical means. This being true, the task of impressing the public with the importance of the role they must play in the reduction of mortality statistics is rendered more complicated and needlessly difficult.

### The Patient.

In a previous communication I endeavored to emphasize some of the difficulties encountered, from the patient's point of view, in the search for knowledge concerning and relief from cancer. These difficulties, so far as I am able to judge from my own experience and observation, have in no degree been lessened during the twelve months of campaigning which have elapsed since the appearance of this article, along with many others which appeared coincidentally over the country, all intended to emphasize some phase of the campaign of education concerning cancer.

It is doubtless true, as has been repeatedly stated, that the campaign of education has yielded results in the matter of causing more persons with premalignant and early malignant conditions to consult the surgeon, dermatologist, or family physician, and this, to be sure, is the prime motive of such a propaganda so far as the patient is concerned. But is it not possible to inculcate the idea that no chances are to be taken with these supposedly precancerous warts, moles, etc., that menstrual disorders, especially of middle life, should not be neglected, that bad teeth should be attended to before they have inaugurated a condition of chronic irritation in their vicinity, and that the various other predisposing factors should be borne in mind, without introducing the Mendelian theory of heredity to clinch our arguments, without telling the patient of the many things which recent experiments on hordes of animals have **not** proved,—without, in short, clouding the issue with any of the debatable questions now before us? The patient need not be shown “cancers in plants” and be told that these are similar to cancers in man, leaving the grotesque impression that cabbage, cauliflower, asparagus, or any other succulent and otherwise wholesome article of diet may be the host of a death-dealing disease, and that, if consumed, the host of the disease is changed from the vegetable to the consumer. Nor is it necessary to bring forward figures, mostly of ancient origin, to convince the patient that he must beware of a meat diet if he would escape cancer. Still less is there need for restricting the patient's diet in keeping with that of “far Cathay.”

In short, once the patient has reached the point of consulting a medical adviser, the condition and not a theory is the paramount issue.

### The Physician.

The second element of the four which, as I have said, are the chief constituents of the problem of cancer (cause, diag-

nosis, prevention, cure), so intimately concerns the last member of the cancer quaternary, the physician, that I have left it for further consideration in this connection.

I have repeatedly emphasized my belief in the necessity for beginning any crusade of education concerning cancer within the ranks of the medical profession. The reason for this is fourfold (if I may use another figure four), and is to be found, in tangible form, in the doctor himself.

So far as the campaign of education is concerned, physicians seem to fall into the following groups:

**First**, those who are so placed in their respective fields of action that they see very few cases of cancer, and for this reason are not so skilled in the diagnosis of this condition as others. Such practitioners are not confined to the rural districts, but may be found in smaller and larger cities as well. Inasmuch as, in the absence of dependable laboratory or other diagnostic tests applicable to the early stages of cancer, the recognition of the disease during these stages is entirely a matter of experience, physicians lacking this experience form the chief object of campaigning. If it is impossible for them to avail themselves of the large clinical material of the leading cities, through hospital internships, post-graduate courses, or other avenues, then the duty should be made clear to them of referring all doubtful cases to those of larger experience.

**Second**, those who may be called medical optimists. Nothing is the matter with the patient of this type of physician—found everywhere—until direful illness is imminent. The tendency of these over-hopeful doctors is to pooh-pooh the early stages of practically all diseases. Cancer is certainly no exception. Warts, moles, lumps, bumps,—all alike to him, are “nothing at all.” Menstrual irregularities are due to cold or exposure in young women, and to “the change of life” in those who are older. There is no digestive disturbance so persistent as to be inexplicable to him on a basis of improper diet, constipation, lack of exercise, or imagination. Such medical optimists are not the least difficult subjects for enlightenment in the campaign of education regarding cancer.

**Third**, those who, in contrast to the second class, may be called medical pessimists. They see in every lump or bump a corroding cancer, and in every menstrual disorder the necessity for a pan-hysterectomy. Needless alarm and mutilation are the inevitable results of such an attitude. Closer study of their individual case and keener analysis of signs and symptoms will obviate the difficulty in a large proportion of these cases. It is from such an angle that this particular class



of physicians should be approached in the campaign of enlightenment.

**Fourth**, those who are not lacking in experience, who are neither optimists nor pessimists, and who constitute the remainder of the medical profession, to which the campaigners themselves belong. The difficulty here—and it is no inconsequent difficulty—is the lack of unanimity. We are endeavoring to teach **facts** about cancer, when we have not determined what constitutes fact, except with regard to a very limited number of the questions involved. None of us are infallible in the matter of diagnosis, but once the conclusion is reached that a given condition is malignant, the treatment should be instituted in accordance with the facts of accumulated experience. No amount of theorizing can or has disproved the truth of the conclusion that accumulated experience warrants radical surgical removal, from the earliest stage to that which may be advisedly pronounced irremovable.

Many cases have been cited in which the tampering methods of the first class of physicians, the inexperienced, have unwittingly led to disastrous delay. The same unfortunate results have been chronicled as the outcome of the "Oh, let it alone!" advice to the patient who, perhaps, has come under the spell of the advocate of education regarding cancer, and who has honestly sought the early advice recommended. The woman, then, with the "lump" in the breast, or the man with the "crack" in his lip, goes out from such a medical adviser saying, "I **thought** that lecturer about cancer was an alarmist. I am glad I went to see Dr. So-and-so, for I was really frightened until he told me it was nothing." Perhaps it was not anything; but perhaps it **was**. The consequence in the latter case will be just as the cancer campaign lecturer predicted it would be. And this state of affairs is perhaps more common, and certainly more distressing, than that which is the outcome of the pessimist's advice, bad as it is. Fear, dread, and perhaps nervous and psychic upsets, on the part of the patient, unintentional neglect and avoidance on the part of friends and relatives of persons afflicted with cancer, are some of the results of the tendency to give a diagnosis of cancer too rashly. The diagnosis, if accepted, leads to treatment with the object of removal of the suspected lump or bump or other abnormality, by surgical means, by cautery, by radium, or other agency, according to the views of the physician consulted. In many instances, some of which I have cited elsewhere, unnecessary and mutilating operations have been performed as the result of this attitude on the part



of the physician. The medical faddist who, lacking neither experience nor diagnostic skill, denies to his patient the benefit of the only method of treatment which has stood the test of time, namely, surgical removal, just as surely adds his quota to the list of failures as do physicians of any other class.

With the higher perceptive ability which an earnest and unified education should develop, the physician of the near future should be able to catch the faintest whispers from nature and give them back to the waiting world with clarion-like reverberation.—Charlott Medical Journal.

### NEWS ITEMS

Dr. Hastings of Tacoma, Washington, is spending a few weeks in Los Angeles doing post-graduate work.

Dr. Ward McMakin, Camas, Washington, is in Southern California spending some time. He has been here often before.

Dr. S. M. Atkins, a former student of the California Eclectic Medical College, has been given the commission of first lieutenant and is at Fort Oglethorpe, Georgia.

Dr. H. V. Crook, Big Pine, was in the city for a few days last month on professional business.

Dr. George W. Harvey has changed his address from Moorpark to Paradise, California.

Dr. E. R. Harvey of Long Beach, has been granted the commission of first lieutenant, and has been called for active duty August 5th, Fort Riley, Kansas.

Dr. H. V. Brown, Los Angeles, president of the California State Eclectic Medical Society, has been given the commission of captain.

Dr. W. E. Lyons and Dr. Amy Lyons of El Centro, are enjoying a pleasant vacation of a few weeks in Los Angeles.

Dr. and Mrs. H. T. Cox and Dr. and Mrs. A. P. Baird, of Los Angeles, are spending a month at Big Bear Lake. For a portion of the time they will be joined by Dr. and Mrs. H. C. Smith and Dr. and Mrs. T. C. Young of Glendale.

Mrs. Petskey, wife of Dr. E. R. Petskey, of Douglas, Arizona, is visiting her mother in Long Beach.

Dr. W. E. Smith, of Whittier, went to the mountains fishing last month and during the time, when he could not be reached, Mrs. Smith was called to Cincinnati by the serious illness of their daughter. Their youngest daughter, Miss Alvalee, was married recently to Dr. Barnhart, a dentist.

Dr. Zollman and family of Ohio City, Ohio, have moved to California and the doctor is looking for a location. On a previous trip he secured a license. He is a graduate of the Eclectic Medical College, 1901.

Dr. Finley Ellingwood of Chicago was elected president and Dr. H. H. Helbing, St. Louis was elected secretary at the last annual meeting of the National Eclectic Medical Association at the meeting in Detroit. The 1919 meeting will be held in Chicago.

Dr. U. C. Coe, Bend, Oregon, was elected president of the Oregon Board of Medical Examiners at their last meeting.

Died: Woodson Allen, Berkeley, a graduate of the Eclectic Medical College, 1884, formerly member of the local Board of Education, died at his home on June 30th.

Dr. J. M. Clark, graduate of the California Eclectic Medical College, was granted a physician and surgeon's license at the meeting of the State Medical Board in February.

Dr. H. V. Brown, Los Angeles, has been called to active service and ordered to report at Fort Riley, Kansas, on August 7th. He has the rank of captain.

Because the nation's reserve has been depleted by the calling of thousands of graduate nurses for service in military and naval hospitals, it is absolutely necessary immediately to call 25,000 student nurses for training in American hospitals. These young women are to be enrolled in the United States Student Nurses Reserve. The enrollment will begin July 29. Some will be placed in civil hospitals for training, while others will be placed in the new training schools to be established at military hospitals. Every doctor should bear this urgent need of the government in mind and endeavor to get young women to go into this work.

At the July meeting of the Los Angeles County Eclectic Medical Society it was decided to omit the August and September meetings. The place of the meeting in October will be announced later.

This war is to be won not by one man or one thousand men or one million men, or one million people. It is to be won by the united efforts of the individuals of many nations.

Every American citizen has an individual duty to perform, an individual share of the responsibility. The more powerful and effective the American forces are the shorter will be the war, and the shorter the war the fewer lives lost, the greater the number of American soldiers who will return home victorious.

# The California Eclectic Medical Journal

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Vol. XXXIX

SEPTEMBER, 1918

No. 9

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♣ Original Contributions ♣
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## SURGICAL TREATMENT OF GASTRO-COLOPTOSIS

O. C. Welbourn, A. M., M. D., Los Angeles, California.

Read before the California State Eclectic Medical Society.

Splanchnoptosis may be defined as the displacement downwards of all the abdominal viscera. Such a displacement may be quite marked and produce no symptoms, the owner believing himself to be in perfect health. On the other hand the displacement may be limited to one organ and that not markedly dislocated, yet the symptoms are severe and persistent. Therefore it is the degree of physical disturbance rather than the degree of displacement which should guide us in devising a method of cure. Inasmuch as these conditions are due to man assuming the erect position without adequate anatomical equipment, it logically follows that should he resume the "all four" position his abdominal organs would remain in the same relative location as at birth. However to do so is manifestly impossible. Sometimes we do the nearest practical thing, namely put the patient to bed for several weeks. In a small percentage of cases such a course of treatment is curative—in the remainder it is palliative only. In a general way the abdominal viscera are hung from the spine in much the same manner that the week's wash is hung from a clothes-line. So long as the line is in a horizontal position everything is neat and orderly, but place such a line on end and the clothes fall into a sausage shaped mass amid much confusion. Each garment drags on one clothespin at one time instead of two or three with great danger that each will tear out in turn as it receives the burden of the entire garment. That man is able to maintain an erect position at all is a striking evidence of his adaptability to his needs.

Gastric prolapse has long been recognized, the physical signs being clear and positive to the examiner though somewhat technical. In recent years the evolution of X-Ray technic has made available a shorter road and one which is much better in that it is possible for the patient to see and convince himself. Having made a satisfactory diagnosis the usual method of procedure is to adjust some form of abdominal support. This should be done under X-Ray fluoroscopy and the results noted. It is essential that the stomach and colon both be held in their proper places in any position of the body. A small percentage of cases can be fitted perfectly and so long as the patient is content to wear such a support no radical method need be considered. But should it prove to be impossible to fit a practical support an operation is in order. An operation for gastro-coloptosia carries a favorable prognosis both as to the immediate hazard and the cure desired, and the patient should be urged to undertake it at an early date. After proper preparation the incision is made between the ensiform and umbilicus through the linea alba or the right or left rectus as conditions indicate. With exposure of the stomach and colon a careful macroscopic examination should be made to determine if complications be present. Such an examination also should be made of the duodenum and hepatic adnexa to exclude concurrent pathology. Also it should be determined at this time if not before, that the kidneys are not prolapsed. Having determined that the patient has a gastro-coloptosia, and that alone, the method of resuspension should be determined. Should the gastro-hepatic ligament be elongated but of firm structure it may be shortened. Or the anterior superior border of the stomach may be attached directly to the under surface of the liver. Or the anterior wall of the stomach at the superior or inferior border may be attached directly to the abdominal parietes. Or the greater omentum just inferior to the transverse colon may be attached to the abdominal parietes. This operation would swing the stomach in a sort of hammock provided the gastro-colic ligament affords sufficient strength. If not it may be strengthened by overlapping. Just which operation should be performed is a matter of judgment. Sometimes two or more should be combined. Care should be taken to determine that the resuspension of the stomach also has suspended the transverse colon. It may be necessary to make a separate suspension of the colon to insure its being retained in its proper position. Having restored the abdominal anatomy to normal the incision is closed and the patient kept in bed a sufficient length of time



to be well on the way to recovery. Also it is of great importance that the patient receive efficient care after leaving the hospital.

## GASTRALGIA

Janet D. Quinn, M. D., Hollywood, Cal.

Read before the California Eclectic Medical Society.

The term Gastralgia is used to express the condition of pain in stomach; whether pain is the result of irritation of gastric nerves, cold, or irritation of undigested food. We often see these cases and sometimes in a very severe form, causing great suffering. Gastralgia, same to stomach as colic to large and small intestines.

**Etiology**—Most common cause of pain in stomach, is indigestion. Babies nurse well and thrive, but some portion of food undergoes decomposition, causes an irritation, generates gas, causes distention of stomach, and in some cases there seems to be great irritation of gastric nerves, causing great pain; may be due to cold. Again we may have cramps in stomach. This causes patient to break out in cold perspiration, faintness, cold extremities and prostration.

**Treatment**—Do not use opiates if possibly avoidable. Wash out stomach with quart of warm water ( $\frac{1}{2}$  teaspoonful baking soda), also high rectal enema; then begin to give your medicine. Nux 1-3 drops in  $\frac{1}{2}$  glass water. Teaspoonful every 5 to 10 minutes for  $\frac{1}{2}$  hour, then teaspoonful every hour for 2 hours—usually gives relief.

**Colocynth**—Pain is gripping; small doses, 1 to 3 drops to  $\frac{1}{2}$  glass chloroform water, teaspoonful every 5 minutes for  $\frac{1}{2}$  hour—then every  $\frac{1}{2}$  hour for few doses.

**Matricaria**—Dram to  $\frac{1}{2}$  glass water. Relieves nervous tension, acts on entire digestive tract.

In nursing children look after diet of mother. Treat your symptoms as they arise in rational manner. Best local applications, dry heat—either by hot flannels or hot water bottle.

**Pathology**—It is supposed that sensory fibers of pneumogastric and solar plexus are involved through distribution of pneumogastric to stomach.

**Symptoms**—Child is uneasy,, will not remain in one position, cries out, sometimes limbs drawn up. May be vomiting of food, showing imperfect digestion. Pain comes usually in paroxysms, may last from 5 to 10 minutes; child cries out,

then when pain abates is easy until another paroxysm comes on suddenly.

**Diagnosis**—Gastralgia is usually easily diagnosed, but must be careful to differentiate it from hepatic colic. This will be shown by Icterus, from chronic disorders of gastric intestinal tract, from appendicitis.

## BE THOU CLEAN

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

Readers of this article may recollect the persistence of Dr. John M. Scudder, who, forty years ago and following that date, continuously threaded his lectures with the quotation, "Be thou clean." Many were the side lines that he employed, illustrative of the harm that came from neglect of the physician's person, or of home surroundings. To use a common expression, familiar by reason of its constant application, we will quote: "Cut out dirt."

In those days it was not unusual for the physician to neglect his pocket case, his saddle bags, his medicine vials, and even his own person, this directly applying to the very, very busy physician.

Said Dr. Scudder: "How can a physician ask a patient or patient's attendant to keep himself and his surroundings clean if the doctor shocks one's sensibilities by his own methods?" Clean medicine, clean glasses, clean teaspoons, clean water, clean methods of living, were eternally harped upon by Dr. Scudder, which perhaps led the writer of the present article to be somewhat fanatical in that direction, even to this day.

Said a very well-known pharmacist and manufacturer of sanitary products in going through the laboratory: "I observe the excruciating care that is taken in keeping your still, condensers and chemical apparatus bright, shining and clean. This," said he, as he stood and looked through the laboratory and noted the bright, shining surface of the utensils, "must be expensive. What is the object of this care regarding the outside?"

The reply was: "If it be made important to keep the outside of a container clean, the manipulator will fully comprehend that it is even more important that the inside must be clean. If shiftlessness is allowed in the one direction, it will naturally follow in the other. If no criticism is made of dirt on the surface of a still, carelessness would soon follow regarding manipulations made with that still."

The scriptural injunction, "Be thou clean," lives today as in the day it was spoken, and, although as originally employed the phrase applied directly to life's methods of living, morally principally, the term likewise applies to the material side, and especially to a manipulative medicine laboratory. Possibly the expense necessary to care in this direction would amount to a considerable profit if it could be spared, but, we take it, few purchasers of medicines, physicians especially, would advocate the cheapening of a product by neglect in the direction of dirt admixture. This, we take it, all manufacturers fully comprehend. Dirty food and dirty medicine above all, being undesirable.

Nor need one imagine that the homely term "dirt" is not scientific. The word is aptly expressive; it covers a multitude of sins. Scientific thought, seeking yet finer lines of expression, makes no resistance to the fact that "dirt" is matter out of place. The different forms of dirt may have scientific names, and yet as a "thing" cosmopolitan, be considered as dirt.

Said my mother to me often and often when a child: "Do not pick that pimple with your finger nail; the nail carries a poison." Said she, time and again: "There are two kinds of dirt—one dead and the other alive. The poison in the finger nail is alive; keep your finger nail out of your eye; keep your finger nails clean; be careful how you touch a scab with the finger nail."

Science can be more expressive, although science may give yet finer names to various forms of "live dirt" found beneath the tip of a finger nail. Let us, with this thought in mind, turn to an old number of the Eclectic Medical Journal and reproduce an article that seems to be as pertinent today as then, although today the terms "bacteria" and "serums" have crept into the place of "live dirt."

**"Be Thou Clean.**—In the mad rush now prevailing in the name of science, both enthusiastic youth and unprejudiced age are apt to forget that the term science is not restricted to test tubes and artificial laboratories. The scientific work of men whose deeds stand as foundation stones on which is built a modern superstructure is likely to be either overlooked or forgotten. The young man who reads some of the modern works is often disposed to accept that all outside that book is a fallacy, all behind it vacuity, and that the book in hand began the very scheme of scientific thought. Or, he may believe that the new idea, even if it be a new way of presenting that which is old, has brushed out all the past. He forgets the

injunction that has challenged the ages—'Prove all things and hold fast that which is good.' This is but one phase of wrong thought due to one-sided thought or inexperience, but it is enough to serve as our text, and it is also enough to paralyze the efforts of many good men.

"Whoever believes the word cleanliness is of modern introduction labors under a delusion. It matters not whether dirt be called by one name or another, **dirt** is not new; it has long been known as dirt. Nor has it been scientifically **localized** in modern thought only, for in a general sense localized forms of dirt have been defined, one way or another, since before the art of printing. Nor has it been left to the modern microscopist to announce the fact that living dirt under his new name—bacteria or microbes—may produce disease expressions.

"In our boyhood's days the term animalculae covered the whole multitude of living entities in which the microscope now differentiates so many forms of 'living dirt,' for under the term dirt we class matter out of place, be it vitalized or dead.

"Said our observing friend, Dr. W. C. Cooper, to us many, many years ago: 'Cholera is caused by living microscopic impurities in water,' and he did this by reasoning on observed fact. He argued from his experience in the disease that this must be so. 'The cholera germ is generally carried by the water,' he contended, and he cited localities where, under his personal study of cholera, the disease prevailed, and others where it was absent, and observed the difference in the waters used by the respective persons. Then, at last, he wrote in *The Gleaner* for 1893 an article that sums up the matter as effectively as possible, if one takes fact for what fact is worth in science:

"The cardinal effect to be remembered is that forty-nine out of every fifty cases of cholera are directly traceable to the water tank. In the one case out of the fifty the toxic principle has gotten into the system through food, which has been contaminated by unclean hands. The trouble is to control the habits of the people. Those who are fortunate enough to live on plateaus where only gravel water is drunk will escape cholera. Those who have good, perfectly tight cisterns, and who drink no other water, unless it be gravel or driven well water, will also escape the disease. Those who drink ordinary well water or hydrant water (and the mass of the people do that) are in perpetual danger, unless this water is thoroughly boiled before being drunk. This is troublesome. In the hurry



and bustle of life many will neglect it, and the very poor, who can not afford ice, will risk a drink of cool, fresh water rather than drink the warm, lifeless boiled water. Again, people must travel, must necessarily, for business or other commanding reasons, visit cities where they can not control their dietaries. They are liable to get a drink of contaminated water at the restaurant, or hotel, or the bar. We know how to prevent cholera, if we knew how to get a chance to do it.'

"Let us not disparage the work of the man of today with the microscope, for he draws yet finer lines when he pictures the microbe and the bacteria; but let us not hesitate to do credit to the man, who, from other reasons, knows and who tells the story in words unmistakable.

"But we may go yet further back in the line of living dirt's definition. Take your "Peter Smith's Dispensatory," a work on primitive medicine, published in 1813. Here the argument is made that the **plague** is due to **invisible insects** wafted by the air. Let us quote:

"'In the course of our conversation I asked him what he conceived the plague to be, which has been so much talked of in the world. He readily told me "that it was his opinion the plague is occasioned by an invisible insect. This insect, floating in the air, is taken in with the breath into the lungs, and there it either poisons or propagates its kind, so as to produce that dreadful disease."'

"But some may argue that those who thus spoke are not to be accredited because they did not use scientific terms and methods that now prevail. With this thought in my mind, we close the book, lay down our pen and ponder."

### **SAVE AND BUY STAMPS; HELP WIN THE WAR!**

Let the sincere war-saver, and War Savings Stamp societies set a new fashion and originate a new kind of rivalry.

Make it "bad taste" to be careless or extravagant.

"Play the game" of finding out how to save five cents or a dime, or a dollar.

"Going without" by yourself makes you feel like a martyr, but if your friends or other members of your society are each trying to outdo the other in buying War Savings Stamps you will find that "going without" is a grand and glorious feeling, popular, and worthy of emulation by all truly patriotic men and women.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBOURN, A.M., M.D.**

Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBOURN, A.B., M.D.**  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## A PATRIOTIC INVESTMENT

All of us can help win the war for democracy in some way or other, and it is the duty of each of us to be on the look-out for a fitting opportunity to offer his services. Many of our readers have volunteered for active military duty and some already have seen service. This can not be the privilege of all, but it does not detract in the least from the honor due those who compose the "vanguard." They are the elect!

Of the opportunities for services offered to the rest of us not the least is the privilege of adequately supporting those who have gone and are going to the front. This is a very necessary part of our war machine, and it must be carried on systematically and in order. Therefore it is a governmental function, and it is our duty to uphold the hands of those whom we have placed in authority and to make their efforts our efforts. At the present moment the particular work on hand is to replenish the war chest. And it behooves us to not only fill the chest to the brim but to pile it up. Even if it runs over no harm will be done. We may be assured that the Huns are watching this loan and that they will be cheered up or de-

pressed in consonance with its success. We owe it to our boys at the front to show the Huns that we mean business.

### THE LIBERTY LOANS

The United States entered the war on April 6, 1917. Eighteen days later by a practically unanimous vote Congress passed the Liberty Loan Bond bill.

On May 2 the First Liberty Loan was announced, on May 14 the details were made public, and on the 15th the campaign began and closed one month later. The issue was for \$2,000,000,000, the bonds bearing  $3\frac{1}{2}\%$  interest and running for 15-30 years. The bonds carried the conversion privilege, entitling the holder, if he chose, to convert them into bonds of a later issue bearing a higher rate of interest. Four and a half million subscribers from every section of the country, representing every condition, race, and class of citizens, subscribed for more than \$3,000,000,000 of the bonds. Only \$2,000,000,000 was allotted.

The outstanding features of the First Liberty Loan were the promptness with which it was arranged and conducted, the patriotism of the newspapers, banks, corporations, organizations, and people generally in working for its success, and the heavy oversubscription of more than 50%. Another notable feature was that there was no interruption to the business of the country occasioned by the unprecedented demand upon its money resources.

The Second Liberty Loan campaign opened on October 27. The bonds of this issue bear 4 per cent interest and run 10-25 years. They carry the conversion privilege. It was announced that 50% of the oversubscription would be taken. Nine million subscribers subscribed to \$4,617,532,000 of the bonds, an oversubscription of 54 per cent. Only \$3,808,766,150 of the bonds were allotted.

This campaign was marked with the same enthusiastic support of the public as its predecessor. The labor and fraternal organizations were especially active in this campaign, and the women of the country did efficient organized work which greatly contributed to the success of the loan. The men in the Army and Navy worked for and subscribed largely to the loan.

The Third Liberty Loan campaign opened on April 6, 1918, one year exactly after our entrance into the war, and closed on May 4. The bonds of this issue bear  $4\frac{1}{4}\%$  per cent interest and run for 10 years, are not subject to redemption prior to maturity, and carry no conversion privilege. The loan was

announced for \$3,000,000,000, but the right was reserved to accept all additional subscriptions. Seventeen million subscribers subscribed for \$4,170,019,650 of the bonds, all of which was allotted.

A great feature of this loan was its very wide distribution among the people and throughout the Union and the fact that the country districts promptly and heavily subscribed to the loan, in a great measure making up their quotas earlier than the cities. Secretary McAdoo pronounced this loan the soundest of national financing.

A little over a year ago there was some 300,000 United States bondholders; there are now somewhere between 20,000,000 and 25,000,000. Awakened patriotism has made the American people a saving people, a bond-buying people. The effect of the Liberty Loans on the national character, on our national life, on the individual citizen and our home life is immeasurable—of incalculable benefit. Not less incalculable is their effect on the destiny of the world as our ships plow the seas and our men and material in Europe beat back the Hun.

The Fourth Liberty Loan campaign will begin Saturday, September 28, and close October 19. No American doubts its success; no good American will fail to contribute to its success. The blood of our men fallen in Europe calls to us; our answer must be and will be worthy of them and our country.

### LIBERTY LOAN

The element of surprise has come to play such an important part in the fighting on the western front that the German press explained the backing up of the late lamented trip toward Paris by charging that "Deserters from our army gave the enemy the time and place of the attack."

One gigantic offensive may be seen in the offing which is violating the accepted rules of the game of war by giving the Huns full information. It is an American drive, and there appears no desire to hide the date, the points of attack and the objectives. It is generally agreed that the operation will be successful, although victory must come with the hardest kind of effort.

The campaign will begin at noon September 28; the front on which the attack is to be made is from the Pacific to the Atlantic, Mexico to Canada; the objectives are six to eight billion dollars and the time allowed is three weeks. The divisions to be engaged include every red-blooded American.

Our part begins now. Plan at least to double the investment you made in the last Liberty Loan because the Fourth will be



at least double the size of the last one. Our boys never lag in the attack. They meet the Boche and his bullets more than half way. Let's back them up with our paltry dollars. Let's give them a square deal. Let's lend as they fight and that means crowd the banks the very first hour of the Fourth Liberty Loan offensive.

## THE PARTIALLY DEAF CHILD: A SCHOOL PROBLEM

By John D. Wright

I assume at the start that our "problem" is not complicated by feeble-mindedness. That is a separate question, and if the state has not divorced it from the problem of deafness, so much the worse for the state and its helpless wards. It is a discredit and disgrace to the educational system.

The term "partially deaf" is so indefinite that we must first establish some limiting classifications before we can practically and constructively discuss the "problem."

I think we may safely assume that no child of approximately normal intelligence will be sent to a special school for the deaf who is able to hear shouted conversation at a distance of five feet. It is not often that we are asked to educate those who can hear shouted conversation at a distance of one foot. In my opinion, any pupil that can do that should be equipped with an acousticon, with a cord long enough to permit putting the transmitter near the teacher, and be given a fair trial in a suitable school for hearing children. If this proves unsatisfactory, then the child may be transferred to a special school for the deaf, but should continue to use the acousticon under conditions that will enable his ears and his eyes to supplement each other. We must remember, however, that a degree of deafness that permits an adult who formerly heard normally to still hear shouted conversation at a distance of a foot would, in the case of a child, prevent that child from ever learning to speak or understand speech without very special attention. Yet that power of sound perception, though too small to enable the child to acquire language and speech as children ordinarily do without conscious effort, is sufficient to make it possible to teach the child to hear and to develop the speech and language centers of the brain through the normal channel of the ear.

If those in charge of the schools for the deaf only realized how much easier it is to teach language and speech through even very imperfect hearing than through the senses of sight and touch alone, and also realized how slight an amount of

residual hearing can be made to serve a very useful purpose, they would do far more of this work. The principal difficulty lies in the fact that it is a work which cannot be done in groups of more than two or three, and therefore requires attention that is almost or quite individual. Yet it is surprising how much can be accomplished in a very short daily period. If only 10 minutes a day can be given up to this work of developing the brain centers connected with the ear, the results are worth while.

But it is the school problem of doing the right thing by these children that we are called upon to consider today, and what would be comparatively simple if we had only a score of pupils to deal with becomes much more complicated where there are from 200 to 500.

Let us suppose that there are 300 pupils in the school. During the past 23 years an average of 35 per cent of the pupils in my small private school have been proper subjects for this auricular training. I believe it is quite possible that one-third of the 300 pupils would be found to have enough power of sound perception to get real benefit from the proper kind of auricular training. Probably one-half of these 100 children could be given the necessary training in groups of two, one-fourth in groups of three or four, and one-fourth would require individual attention, at least during the first two or three months. To provide 10 minutes a day for 50 pupils in groups of two would require 4 hours and 10 minutes, or 35 minutes less than the ordinary teaching day of 4 hours and 45 minutes. To provide 10 minutes a day for 25 pupils in groups of three would require an hour and 20 minutes; and for 25 pupils to have 10 minutes a day individually requires a teacher's time for 35 minutes less than a full day. Two teachers, then, giving auricular training  $4\frac{3}{4}$  hours a day could handle the necessary special work in a school of 300 pupils. It would be better if the work was divided between four teachers, letting each give auricular training half of the school day, as the work is rather hard on the teacher. These two teachers might be paid \$600 each, with board and lodging, and I firmly believe the same amount of money could not be spent in any other way that would so greatly raise the standard of language and speech in the school or do so much to approach the 100 pupils to the normal.

Supposing that the two teachers were available, what would be the best procedure and of what does the "proper auricular training" consist? Before going into a detailed description of exercises, I must call your attention to two basic truths:

First: In order that we may understand a language when

we hear it spoken, our brains require a long course of training. If you and I, with our normal hearing, were set down in a foreign country whose language we had never heard, we would not understand a word that was said, not because we were deaf, but because our brain had not been trained to interpret into ideas the sounds that our ears transmitted to it. Now, a child may have a considerable ability to perceive sound, and yet not hear sufficiently to acquire either comprehension of the ideas associated with the speech sounds or the ability to imitate those sounds. A child of seven, with perfectly normal intellect, was brought to me in January, 1916, who possessed so much power of sound perception that we were able to teach her largely through the ear, and yet she had lived several years among intelligent, speaking persons without acquiring a single word of speech or a comprehension of language. She did not even know that there was such a thing as language. Within four months, largely through auricular training, she was able to speak many sentences and to understand them when they were spoken close to her ear. Thanks to this power of sound perception, that had served no purpose under the ordinary environment of a home, she was able to acquire more and better speech and language in four months than a totally deaf child could have acquired in ten months or more. At the end of the four months she did not actually perceive sound any better than at the beginning, but her brain had been trained to associate language conceptions with the sounds that she had always been able to hear when uttered very near her ear. It was an educational process.

Second: The intensity with which a sound affects the ear varies inversely as the square of the distance between the ear and the source of the sound; therefore, to speak one-half as far from the child enables him to hear four times as well, and to speak one-half as far from the child enables him to hear four times as well, and to speak at one-fourth of the distance causes him to hear 16 times as well. To put it in another way: a child who is 16 times as deaf as a person who can hear natural conversation at a distance of one foot can hear that conversation at a distance of 3 inches, or he can be 144 times as deaf and yet hear at a distance of one inch. Since loudness varies directly as the amplitude of the vibrations, if at the same time that the distance is reduced from one foot to one inch the sound is made twice as loud, the child may be 288 times as deaf and yet hear the sounds well enough to learn to interpret their meaning.

This explains the fact that so many children who possess

enough residual hearing to respond satisfactorily to auricular education are yet too deaf to have made any use of their hearing under ordinary conditions. The ordinary distance of the sounds of daily speech from the hearing organ is so great under normal conditions that even a comparatively slight impairment of hearing in a child prevents the proper development of the brain centers connected with the ear.

The effect of the educational auricular exercises is usually to somewhat increase the actual power of sound perception; but this is not the principal value of the exercises. Any considerable increase in actual hearing power is unlikely, if surgical and medical efforts have been unavailing. The pupil soon **seems** to hear better; but careful examination will show that this is due to an increased ability to interpret sounds and an accompanying increase in attention to them, which is a natural consequence of greater comprehension of their meaning and not to any important improvement in hearing power.

The properly functioning ear receives sound vibrations and transmits those impressions to the brain. These impressions arriving at the brain coincidentally with the presence of an idea in the mind, the association is made between the sound and the idea, and that sound or group of sounds becomes a word. If this occurs often enough, a permanent record is made upon the brain and we say we **remember** the word.

The process must be the same with the partially deaf child. We must get sound impressions to his brain at the same time we awaken in his mind the idea for which they stand. In order to do this, we avail ourselves of the laws of sound, as previously outlined. We determine by experiment how near our lips must be to his ear and how loudly we must speak in order that any sound impression may be conveyed to his brain.

Then we must devise a series of exercises that will give the brain as nearly as possible the same training that it gets through the normal hearing of spoken words. Although in the case of the child with normal hearing there is no effort to first present sounds that are most easily discriminated, it is best to do so in beginning the development of the brain through the channel of **impaired** hearing. We therefore choose for our first exercises sounds that, owing to their dissimilarity, are more readily distinguished from each other. If we are dealing with little children of from four to eight years of age, with a very small vocabulary, or no vocabulary at all, we begin by training them to distinguish between three or more sounds, as the clapping of hands, ringing of a bell, a whistle and a shouted *ü*, a police rattle, etc. The simple recognition of the



sound is varied by having them count the number of times the sound is made. If they are too young to have the numbers, they can be trained to hold up as many fingers as the times they hear the sound. This idea is sometimes hard for a little child to get, and in order to be sure that he knows what I am trying to have him do, I may touch him on the shoulder once and have him hold up one finger; then touch him twice and have him hold up two fingers; then three times, and repeat this in different order till he has grasped the connection between the number of fingers he holds up and the number of times he is touched. Then it is not hard to transfer the idea to the number of times he hears a sound.

As soon as he has learned to recognize these different sounds, a beginning can be made with spoken sounds that represent words. A good way to begin this with a little child is to place a toy trolley car, a toy sheep, and toy boat on the table before him and say the words—car, sheep, boat—near his ear and as loudly as is necessary to enable him to perceive the sounds. In the case of a young child, who has not yet developed much power of attention, it may take a week or two to teach him to recognize with any certainty even three words of widely different sounds. Once having accomplished this, the subsequent words will be learned more readily. He will always be interested in his own name, that of his brother and sister or play-fellow, mama, father, or mother, papa (not papa and mama), arm, eye, nose, mouth, run, fly, fall, etc. Very soon a beginning can be made with little sentences: Shut your eyes. Open the door. Shut the door. Shut the window. Open the window. In fact, from now on the process of teaching the child to hear—that is, to comprehend spoken language by means of the ear—follows much the same course as that of teaching him to read the lips. Both results are obtained by brain training—one through the sense of sight, the other through the sense of hearing.

In the cases of older pupils having more understanding of language and greater power of concentrated and sustained attention, the early stages of the process can be passed through more rapidly. But it must not be overlooked that this work makes a severe demand upon the attention of the pupil, and that they quickly weary. Ten minutes at a time is enough for some weeks. If circumstances permit, this can later be extended to 20, or even 30, minutes; but for a long time that should be the limit of our demands upon our pupils for sustained attention to the hearing exercises.

When a considerable hearing vocabulary has been acquired by the pupil, it is usually an advantage to supply him with an

acousticon, in order to extend the distance at which he can hear, and also to enable him to use his ears and his eyes simultaneously. Even a very slight ability to recognize sound is a tremendous help in lip-reading when the brain has been trained to know the significance of the sounds.

I sometimes find the acousticon of service in the very earliest stages, in order to get the child's attention to the sounds. Once this has been accomplished, it has been my experience that the final results are better to use only the unaided voice until a considerable hearing vocabulary has been built up. Then I revert to the instrument, as I have said, to increase the range.

In doing this work it must be remembered that many repetitions of the same words, phrases, and sentences are required to insure a rapid automatic response from the brain. You and I heard words many times before we comprehended their meaning; we heard them very many more times before we uttered them ourselves. Therefore, new words and sentences must not be introduced too rapidly, and there must be very many repetitions. We are dealing with a brain somewhat less developed and alert by reason of its having received thousands upon thousands less impressions, owing to the lack of normal hearing; but the process by which we develop this somewhat inert brain is the same as that by which the normally developed brain is trained, and that is by transmitting to it the sound impressions that we wish associated with a certain idea at the moment when that idea is present in the mind of the pupil.

The order of procedure is:

First: Awaken attention to sounds.

Second: Show that certain sounds are always associated with certain ideas.

Third: Build up a hearing vocabulary; first of words, then of short sentences, and finally of continuous spoken language.

Speak at the greatest distance from the ear and with the softest tone that is possible and yet reach the brain.—From the Volta Review.

## PROPHYLACTIC TREATMENT OF PROLAPSE OF THE BLADDER AND UTERUS

William H. Cary, M. D., F. A. C. S., Brooklyn, N. Y.

I purpose to consider this evening certain principles of procedure in the conduct of labor which tend to preserve the supporting structures of the female pelvis, and to urge the recognition and correction of the conditions during the puer-

pium which favor prolapse, after the unavoidable weakening of these structures incident to parturition. While this subject is incidentally touched upon in scattered portions of our text-books of gynecology and obstetrics, the compact literature dealing with the etiology of prolapse and its prevention is brief and stereotyped.

Comparatively speaking, operations to prevent or correct the extreme degrees of bladder and uterine prolapse are not entirely satisfactory. New operations are daily devised and old ones modified. They are enthusiastically endorsed by some and rejected by others. Competent operators are securing good results in the early cases; but in the advanced, long-standing cases there is a considerable portion of partial failures, and a still larger percentage of morbidity, even when the anatomical results are acceptable. When a patient presents herself with a bulging rectocele, with a cervix hanging outside the vulva, and a low sagging bladder it is evident that either the patient or her medical attendant has been negligent. There is not the excuse of an insidious symptomless onset.

The injuries which make prolapse possible are sustained, with rare exceptions, during childbirth. It is not always possible to avoid the strains which wreck the supporting fascia of the pelvis. In a large proportion of deliveries, however, much may be done by judicious management to preserve the integrity of these supports. Considerable importance is to be attached to the care of the woman after childbirth. Extreme degrees of prolapse are seldom seen in patients who have been confined and subsequently cared for by the trained obstetrician and gynecologist. There is a reason for an urgent plea to the profession at large, chiefly through better obstetrics, but also through detailed aftercare, to prevent the occurrence of the extreme degrees of prolapse. It is not an exaggeration to say that fifty per cent of the hard-working child-bearing women of the country districts are seriously handicapped in their activities by these untreated conditions. Competent obstetric attendance and early gynecology do more than cosmetics to keep the city woman of the better classes younger than her country sister.

The discussion of this subject is best grouped under two heads: (a) care during delivery; (b) care during the puerperium and later.

Accurate observation of the pregnant woman early enough to acquaint one with abnormalities, and if possible to permit their correction, is the preliminary step. The rotation of a breech to a cephalic presentation before labor, especially in a



primipara is an example. An estimation of the elasticity of the pelvic floor based upon a consideration of age, activity, sports, muscular development and distensibility; the measurement of the outlet, and estimate of the size of the fetus aid one in anticipating the degree of damage threatening the fascia and soft structures. This knowledge has a relative importance throughout delivery. The size of the fetus at the time of delivery is the only factor in this group which may be under control. This has an increasing importance proportionate to the unfavorable aspect of the other two factors. An elderly primipara with strong muscles, a tennis player, or horsewoman with limited elasticity of the vulva will suffer extensive laceration in either a forceps or spontaneous delivery. A narrow outlet renders the likelihood of laceration greater, and a narrow outlet plus a big child, even in the event of elastic soft parts, threaten serious rupture. In fact every combination of these conditions which determines the ability of the parturient canal to adapt itself to the passenger must be considered. Preparedness should be a popular term in obstetrics.

### Management of Delivery

In general, prolonged, low dragging by fetus or forceps upon the lower uterine segment, or prolonged strain upon the pelvic floor are mechanical factors threatening damage to the upper suspension and lower support. Early rupture of the membranes, especially in the primipara, thereby sacrificing lateral pressure and exaggerating downward push, is an instance. An unyielding cervix dragged low because of this faulty mechanism is the result. In many such cases the insertion of a coneshaped bag is conservative interference. The application of forceps and drag with a cervix still obstructing is generally granted a faulty procedure, but sometimes it is an emergency operation and is trauma of the same nature. If, instead of the forcible laceration thus caused by tremendous drag upon the cervix, frank incisions of the anterior and posterior cervix are made, prior to the pull, and deliberative repair made afterwards, so-called radical interference becomes a protective procedure.

Delivery of the occiput in an unrecognized posterior position, or forceps rotation of a posterior occiput in the pelvic cavity are frequent causes of unnecessary damage to the pelvic structures. In the primipara at term, with ample pelvis, head presenting but not engaged, or early rupture of the membranes with unsatisfactory pains mostly in the back, suspicion of posterior positions should immediately arise,



and early in the first stage effort to confirm this suspicion should be made. More frequently the head engages in a posterior position. For some months in the Obstetrical Department of Brooklyn Hospital, Dr. Pomeroy's method of rotary version above the brim has been practised in certain cases of this kind with gratifying results. Indications for this procedure are presented when a primipara with a posterior position has a long unsatisfactory first stage and the progress of labor is so slow that the patient, in spite of rest under narcotics, becomes exhausted, or retraction ring occurs before the head can be brought to the rotating planes of the pelvic floor, thus demonstrating her inability to terminate the labor. When posterior position is found with membranes intact and with retarded descent and dilatation, the case is allowed to proceed until the cervix will admit the hand. If the patient is now tiring and progress is at a standstill or very slow, the membranes are ruptured and the posterior position is accurately determined under anesthesia. If rotation is done the following method is carried out. After careful cleansing, catheterization, and deep anesthesia, the hand (the left for the left posterior position and the right for the right posterior) is introduced within the uterus. The head is raised out of the brim as the hand is introduced. The baby's face is turned so as to allow the operator's hand to slip by to grasp the occiput in the palm of his hand, with the longer fingers fan-shaped upon the back and shoulders. This starts the rotation with the hand and the arm in an awkward reverse. Then with a rotary motion the R O P position is changed to an L O A. This is done above the brim. A rotation of 180 degrees is done and the head follows the withdrawn hand into the brim in an anterior position in the same diameter of the pelvis as it previously presented. Often a prompt spontaneous delivery takes place or at least an easy forceps operation is ultimately offered. In the cases so rotated about sixty per cent deliver themselves spontaneously. Rotation in this fashion not only shortens labor, but, what is vastly more important, it makes unnecessary the rotation of the long axis of the usually poorly flexed head in the pelvic cavity by hand, forceps, or prolonged drive. Such rotation results in terrific lateral pressure often tearing the pelvic fascia from its side attachments, and constitutes one of the most damaging injuries to which the fascia of the pelvic floor is subjected.

Similar injuries may result from a long drive of the head upon the unyielding perineum. The pelvic fascia is the struc-

ture threatened as well as the muscle. Eternal vigilance in the effort to save the perineum is often misapplied energy. Either lateral rupture or disabling stretching of the fascia may take place without noticeable laceration. If delivery is being prolonged because the opening in the soft structures makes escape of the head impossible without laceration, then a clean incision in the perineum (perineotomy) allows delivery while protecting the fascia from violent rupture and leaves a wound easy of repair. Such incision may be lateral in either sulcus or bilateral. The median incision is the easiest to repair, or if allowed to go unrepaired it is of less consequence than the common irregular lacerations.

Marked prolapse of the bladder results in part because the bladder is torn from its attachments. This damage is often increased no doubt because a partially filled bladder is permitted to sustain the pressure of the muscular effort of expulsion and of a descending part which constantly tends to displace it. This means exaggerated strain upon the vesical supports. A simple and important prophylactic step, then, is to see that the bladder is well emptied during the second stage of labor and that catheterization always precedes operative delivery.

A properly prepared rectum is of the utmost importance to lessen the strain upon certain pelvic structures. Not only does the diminished room posteriorly increase the tension elsewhere but if one has observed the progress of labor when the rectum was partially filled he will have noted an increased trauma upon the rectum.

The importance of repairing lacerations need hardly be emphasized. It should be stated, however, that the desirability of immediate repair should not lead one to an immediate difficult operation under unfavorable conditions when by waiting a day or two a deliberate and far more satisfactory repair may be done.

### Care During the Puerperium

No arbitrary time can be stated as the proper day to allow the obstetric patient out of bed. The degree of involution of itself is not sufficient guide. The physique of the patient, inherited tendencies, (ask the patient's mother), character of the labor, the injuries or length and degree of tissue stretching, and the recuperative power of the patient and the tissues must all be considered. Control of the patient upon such a basis constitutes important prophylaxis against prolapse. Careful examination of the lying-in patient before she is allowed to be active or on her feet is one of the rudiments of

puerperal care, but is either often neglected or the findings are ignored. In addition to the condition of the pelvic outlet, the position of the fundus of the uterus is of great importance in the consideration of our topic.

Backward falling of the fundus means either a lifted cervix or a flexed isthmus; with inefficient drainage and sub-involution in either case. Therefore a wedge of increased weight and damaged support rests upon the vaginal canal in a position to favor descent. This is not theory but fact. Such a lesion may cause early symptoms suggesting examination and correction of the displacement. However, sometimes no symptoms are complained of and the condition, if routine examination is neglected, continues until prolapse is well established. Not only do I carefully correct any backward displacement with pessary support before the patient is allowed upon her feet, but in patients who have had retroversion at any previous time a pessary is placed as a preventive against recurrence. If tenderness prevents the use of a pessary then the knee-chest position should be faithfully utilized. Early correction of the displacement favors a normal involution of the pelvic structures and should not be neglected. For similar reasons routine examinations should be made six to eight weeks post partum.

Beginning cystocele or rectocele early in the puerperium usually indicates damage that will ultimately require operation. In these cases artificial support during the period of involution may accomplish something. Operation may be deferred until childbearing is over without serious consequences, providing (a) the damage to the fascia is not too great; (b) that the prolapse is not increasing under favorable conditions; (c) that the patient co-operates in preventive measures during the puerperium and subsequent to it.

One of the most frequent errors made and one often productive of prolapse is too early resumption of household cares with frequent lifting of the baby. Vaginal examination of the puerperal woman in the upright position, while lifting a very moderate weight, will teach the lesson. The baby's weight increases so gradually that the mother discovers no reason for less frequent carrying. Here, then, is an etiological factor common to a large class of patients which may be partially controlled by detailed instruction and personal supervision.

An ill-fitting corset which constricts the abdomen at the waist line may play a very important role in producing prolapse when any weakness of the uterine or vesical support exists. The amount of downward displacement of the pelvic contents which a waist constricting corset produces depends

chiefly upon tightness, number of hours worn, laxity of abdominal muscles and weakness of the pelvic supports. The lax abdominal wall and prominent abdomen of the early puerperium prompt a woman to wear a corset at a time when conditions allow a poorly fitting corset to exert its most harmful effect. The skeptic may find proof if he examines the patient in the standing position with the corset removed and continues the examination while the corset is adjusted. Present styles are enlarging the waist and constricting the hips, but the cheaper corsets still have the small waist and this type is the one worn, usually, by the woman who must take up laborious duties at once. Corset pressure is force that must be controlled in the prophylactic treatment of prolapse. Full details cannot be given here. No corsets, except to support waist bands, the first few weeks after delivery (4 to 6) should be the rule. When again allowed a new one should be fitted under careful supervision, or if this is impracticable, instructions should be given as to the adjustment of the old one which will enable it to make the least possible constriction of the waist and lower thorax.

Among factors which may play a part in the production or increase of prolapse during the puerperium, straining at stool should be mentioned. This is of course the result of constipation and may be immediate or remote in its effects. By immediate I refer to the unsatisfactory healing of repaired lacerations resulting from undue strain upon the sutures. By remote, I mean the immense downward pressure which may be exerted upon the pelvic organs daily during the puerperium by the straining of the habitually constipated woman. With involution incomplete and the supports much relaxed from recent delivery or operation, prolapse may gradually result. Measures to relieve constipation (diet, habit, and medication) are called for and instructions to avoid straining are important. For the same reason any active or prolonged cough during the puerperium should receive prompt attention.

The habit of allowing the bladder to go long unemptied, common among women, has only a relative influence in increasing bladder prolapse where some degree of cystocele exists. In examining certain stout patients with the corset in situ and with the bladder filled, I have noticed that the anterior vaginal wall prolapsed far below its usual position. Emptying the bladder diminished the prolapse. I assume, therefore, that a cystocele may be unduly increased by this faulty hygiene.

Finally, so that the importance of the foregoing items shall



be emphasized to the patient, and so that carrying them out shall not be left to the accuracy of the memory, either of the physician or patient, I give the puerperal woman a printed list of instructions which is a very brief summary of the points covered in the concluding portions of this paper.—Long Island Medical Journal.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. Kenneth Baber, a former graduate of the C. E. M. C., was granted a physician's and surgeon's license at a recent meeting of the California State Medical Board.

Dr. J. H. Sprehn of Reno, Nevada, a former graduate of the C. E. M. C., was granted reciprocity at the June meeting of the California State Medical Board.

Dr. A. E. Scott, San Francisco, graduate of the C. E. M. C. 1883, died on June 14, from endocarditis.

Dr. G. W. Groth, Sierra Madre, is in the Westlake Hospital, where he recently underwent an operation for appendicitis and kidney trouble.

Sneak thieves visited Dr. H. C. Smith of Glendale, last month and took several bottles of solutions from his case. A thief also stole a ring from the desk of Dr. P. M. Welbourn, Los Angeles.

Dr. W. S. Fowler, Bakersfield, was in the city several times last month while Mrs. Fowler was a patient at the Westlake Hospital.

Dr. E. P. Bailey, Long Beach, has returned from a five weeks

vacation spent in Canada and Northern California.

Dr. F. W. West, Los Angeles, was on a vacation last month.

The Los Angeles County Eclectic Medical Society tendered a banquet in honor of Dr. H. V. Brown on July 29. Dr. T. C. Young acted as toastmaster and Dr. West presided. The Society also presented Dr. Brown with a very handsome present. Dr. Mitchell of Louisville, Kentucky, was a guest from out of the city.

Dr. M. A. Welbourn with the A. E. F., was overcome with gas in the early days of the recent big offensive and has been in the hospital recovering from his burns. He is a regimental surgeon and has been in the front lines since February.

Dr. Harry Solomon, a son of Dr. Solomon of Los Angeles, has sailed for overseas with Base Hospital 115.

### INTOLERANCE TO COD LIVER OIL

The average cod liver oil preparation soon becomes irksome to women and children, or to any patient convalescing from a long illness—and yet it is in just such instances that cod liver oil serves to happiest advantage.

It was to obviate this draw-back of cod liver oil that brought about the preparation of Cord. Ext. Ol. Morrhuæ Comp. (Hagee), and it was the recognition of the fact that Cord. Ol. Morrhuæ Comp. (Hagee) offers everything to the patient that the plain oil does except a gastric burden, that has given it such wide popularity with the profession.

# The California Eclectic Medical Journal

Vol. XXXIX

OCTOBER, 1918

No. 10

☛ Original Contributions ☛

## SKIN

Capt. H. V. Brown, M. R. C., Los Angeles

Read before The California Electric Medical Society

Skin is a noun or a transitive verb, depending upon the breed of Doctor who is considering the same. In the present instance we will say it is a noun and consider it from the standpoint of a universal covering for the product of the nursery—the only logical place to look for the unskinned, with the great variety of skimmers now at large.

Surely no portion of human anatomy is more subject to abuse and conditions which induce ill health than this familiar organ, whose very familiarity breeds such contempt that relatively few students become expert in the diagnosis and treatment of its various deviations from the normal.

Grossly the skin is composed of two chief portions—the Epidermis and the Corium; the first of which comprises five layers of cells superimposed one upon the other, and the second comprises two layers, an outer papillary and an inner reticular layer closely merged into each other and the subcutaneous tissue beneath. A study of the minute anatomy is worth one's while and reveals an intricate system of glands, hair follicles tactile corpuscles, lymphatics, blood vessels and nerves, the blood vessels lying exclusively in the corium and subcutaneous tissue. The chief functions are protective, sensory, respiratory, heat-regulating and secretory. It is one of the four emunctories of the body and in this roll is probably entitled to equal honors with its co-workers—the intestinal tract, the kidneys and the lungs. Allow me to digress long enough to remark that the profession at large is now well convinced that intestinal stasis is a frequent and important etio-

logical factor in ill health, but comparatively few have given proper recognition to the very prevalent condition of skin stasis, incident to a busy commercialized existence, prohibitive of proper exercise of the body. The golf nuts, physical culture exponents, and water cure enthusiasts are on the right track. (May their number never grow less.)

Having refreshed our memory on the normal skin let us take a look at one or two conditions commonly seen in Pediatric practice. All who have encountered infantile Crustaceous eczema of face and head and hailed it with delight please raise your hands. In my experience an early dread of this condition was promptly rewarded with a crop of nasty ones which were handled with indifferent success. As a result of such experience the following general points were impressed upon my mind and accepted as conclusions:

1. The skin is exposed to constant irritation; its highly sensitized nature lends plausible excuse for the fact that skin affections occur more often in infants than any other ailment.
2. Many, if not all these cases, have their incipency in utero, due to one of several general causes, chief of which are Lues and Tuberculosis. The diet, hygiene and general care of the mother during pregnancy may also be important factors and if properly managed might prevent many troubles for the infant. From an etiological standpoint Kerley makes a classification of these cases into those which originate from within and those which originate from without. This classification may be quite important for purposes of analysis but practically we believe that in most cases the two factors are co-existent.

Considering these cases from the inside out the treatment is largely a question of proper elimination and proper food. In the breast fed child the mother's health must be carefully inquired into and corrections made where needed, and where possible she should be care free with plenty of outdoor recreation between feedings. The milk may be analyzed to determine the essential quality of which too much or too little is supplied. This should be done if weaning is under consideration. The results are often unsatisfactory to the physician and the baby, but has its psychological side for the mother. The feedings can be varied in four ways—by reducing the number in 24 hours, by limiting the time consumed in feeding, and by adding some food element with the water.

Patience, accuracy and persistence must be exercised in dealing with these cases, care being taken to secure the co-operation of the parents by explaining to them the almost chronic character of the trouble which will gradually yield as



the child grows older, when the digestive organs will be more capable of handling the food. While some cases will not improve without weaning, it is best to cling to the breast until the seventh month unless the general health of the babe is being sacrificed, when it will be necessary to resort to cow's milk adjusted to the individual needs of the case.

In the artificially fed a wider variation in the diet is permissible; but wherein it leads one to be superficial in his analysis of the case, this latitude is less a help than a hindrance. Often a change is made from one form of food to another repeatedly, when the truth probably is that a proper variation of the very first one would have given good results. Some of these cases seem to have an intolerance for fats, others for some form of sugar and the puzzle is to find out by a process of study and elimination which it is, being careful not to eliminate the child itself in chasing a theory.

Aside from the adjustment of the diet which is of first importance, the intestines, kidneys and liver must be encouraged by all rational means to perform their functions. First in this list is fresh air and sunshine which cannot be over-estimated; second is frequent drinks of water between feedings; third is the administration of mild laxatives, such as powdered rhubarb with soda, milk of magnesia, minute doses of calomel, or castor oil, selected after a close study of stools and used in conjunction with colonic flushings with salt solution or oil enemas. The medicines used to combat the toxemias must of course be in very small doses and can usually be easily given with the water between feedings. The most important of these and easiest administered are Echafolta 1 to 3 gtt., chionanthus one-fourth to one gtt., sodium sulphocarbolate 1 to 3 grs., etc. Pepsin and other enzymes are sometimes of value and some indications are met with very small doses of one of the internal extracts.

The external irritants sometimes causing or abetting eszema are strong soaps, powders, plasters, rubbing, scratching and irritating clothing. If these evils were the sole cause in a given case the remedy would obviously be to discontinue the evil. As previously stated, however, such is not usually the case, these agents being chiefly concerned in perpetuating a trouble which already existed.

In discussing local treatment too much time cannot be consumed in enumerating remedies which are more numerous than the types of the disease itself. The essential principles are to give an initial cleansing of the inflamed surface, preferably with a bland ointment such as cold cream, plain white petroleum or some of the Irish moss preparations, avoiding

soap and water as much as possible. The scales having been removed, it is a good plan to paint the surface with a plain sedative-antiseptic lotion of mild character, allowing this to dry. The next object is protection, which is best accomplished by covering the surface with the bassorin paste, Lassar's paste, plain mixture of castor oil and bismuth, or the more recent treatment of parafin, as used for burns, these to be re-applied as they loosen and break away in patches. Scratching must be prevented by the use of the straight jacket or some effective invention to keep the hands away from the affected parts.

There is a chronic form of eczema frequently met with in older children characterized by papules which may occur on any portion of the body but found most often on the back and extensor surfaces of the limbs. This condition is essentially a manifestation of incomplete metabolism and impoverished blood. The remarks on internal treatment of the infantile type apply with equal force here. Externally a mild zinc ointment containing 10 gr. of menthol and 5 gtt. of phenol to the ounce may be applied to allay the itching, and scratching must be prevented.

### AN EXAGGERATED CASE OF CHOREA

A. P. Baird, M. D., Los Angeles

Read before The California Electric Medical Society

The malady commonly known as St. Vitus's dance is defined as a functional disorder of the nervous system characterized by irregular spasmodic movements of the groups of muscles, with weakness approaching paralysis of the affected parts, increased by excitement and completely allayed to sleep.

The cause of the disease is very much of a mystery in most cases; it may be caused by worms, dentition, adherent prepuce, rheumatic diathesis, neurotic temperament, habit, heredity, mental excitement, spring season or may be a reflex from eye strain; a number of cases in neurotic children are produced by teasing and some older cases as reflex of masturbation.

There are no constant lesions, some authorities adhere to emboli as the cause in some cases, while others believe it to be a simple or complex neurosis, and yet others claim it to be an infection.

The onset is usually gradual, the patient seemingly jerking the arm or hand as if imitating some one or perhaps appearing careless in dropping things, soon followed by decided irregular spasms of the face muscles, known as histrionic

spasms or a blepharospasm, or nystagmus, and of the shoulder, arm and hand, extending to the lower limbs greatly interfering with mobility; the tongue rolls around in the mouth, the head rocks from side to side, sometimes the speech is severely affected, the mind is blunted, memory impaired, temper irritable, spells of crying or laughing without seeming cause.

The case I wish to ask your attention to for a few moments is that of a girl of eight years, who came from Nevada, having been sent to sea-level by the attending physicians and recommended to a specialist in this city, but the mother was persuaded to call me by a lawyer and his wife next door to where they were stopping and so the case fell into my hands.

Were it an ordinary case of chorea I would not have presented it before the Society.

I was asked to call at once and see a child suffering from spasms and here is the picture which met my gaze, the little girl on a bed with mother and grandmother bending over, holding her from falling off; such thrashing I had never seen and indeed could scarce believe it possible nor was there any let up for one moment; every muscle in her little poorly nourished body seemed energized by a powerful electric current that jerked her all over the bed so that it required the efforts of two people to keep her on the bed. It was with the greatest difficulty she could be fed and sleep was only fitful, waking up many times during the night; the bowels hadn't moved for four days, urine very scant, pulse 120; temperature I did not take because I couldn't. One pupil was contracted, the other widely dilated. This is the clinical picture as nearly as I can describe, only I omitted to say her brain was as alert as ever, memory not one whit impaired, but she could articulate nothing though she made great efforts to speak; once in a while her mother could understand what she wanted to say. This had been her plight for some six weeks before I saw her.

The doctor in her home town kept her on one treatment, viz., Fowler's solution as high as eight drops three or four times a day, for some three weeks; then they sent for a specialist, from Reno, I believe, who ordered her tonsils to be removed, saying there was no use to treat the child until the cause was removed. (I have many a time wondered why the Creator sent people into the world with tonsils, appendixes, ovaries and many other such organs that only tend to breed or harbor disease.)

After her tonsils were removed she promptly lost her voice. The specialist ordered the continuation of Fowler's solution in larger doses, which was faithfully kept up for three more



weeks, with the result of the case getting worse all the time, then the blame was shifted from the tonsils to the climate and the altitude, so the next prescription was an order to take her to sea-level.

Realizing the child stood in urgent need of nerve sedatives, I prescribed for her as follows: first, *Sp. M. Passiflora* gtt. 10, *Sp. m. Ignatia* gtt 1/3, *Echafolta* gtt. 15, to be given in a little water every two hours, and 4 1/6 gr. *Podophyllin* granules to be given at bed time. The next day the report was that she had the best night's rest she had had for six weeks, the jerkings were not nearly so violent; so the prescription was continued another day, leaving off the *Podophyllin*. After two days more I changed to *Sp. m. Cypripedium* gtt. 5, *Sp. m. Lobelia* gtt. 3, *Sp. m. Gelsemium* gtt. 1, *Apocynoid* 1/12 gr. every two hours, this was continued for some three days at the end of which there was a marked improvement. Pulse was down to 85, bowels and kidneys acting normally, spasms very much abated, so much so she could be left in bed alone for a few moments.

By this time I had prepared a strong decoction of *Aplopappus Laricifolius* (*Yerba del Pasma*) which I ordered given 1 oz. every two hours. This was kept up for three days, then increased to two oz. every two hours, with 1/2 gr. *Apocynoid*. This was continued for three weeks, then a change made to *Echafolta* and *Lobelia* for one week.

She was now well nourished, feeling and looking good, able to be on the bed for hours alone, move her arms and legs voluntarily and sit up in an automobile with some support to her head, she began to articulate, some words very distinctly, others not so much so, and some not at all.

About the sixth week she got more restless at night, so I decided to give her subculoid *Lobelia*, which had a very soothing effect; this I repeated, I think, three days, then put her back to the *Aplopappus*.

About this time the father, who was in Nevada, requested, through his wife, that I have an osteopath examine her spine, so I called in Doctor West, who made a thorough examination but found nothing out of the ordinary and said he did not think osteopathy could do her any good. This information was forwarded to the father, who immediately wrote that he would feel better if I would get the best osteopath I knew to treat her for a week at least, in conjunction with my treatment (I forgot to say that for the last three weeks I gave her ultra Violet ray treatments over the whole length of her spine, rubbed in Lloyd's Libradol every day or other day); so as I did not know any better osteopath than Doctor West, I called him to



treat her, but only on condition that no medicine be given by me or any one else while he was treating her, so that we might know just what the treatments would accomplish.

The first week there was some improvement, the second much more, the third still more, the fourth week the change was remarkable. I brought her up to my home with her folks for the day. She could talk, move her arms and legs at will, though not yet able to walk, but if recovery is as rapid in the next two months as the first I hope to see her nearly normal again.

When Doctor West gets through with her if she is not perfectly well we will likely give her more medication, but we hope to send her home to Nevada well girl.

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Since writing the above I saw her on the morning of May 24; she now sits as quietly as any girl her age, talks and reads fluently, but still does not walk nor use her left arm as freely as the right.

## AN OPEN LETTER TO THE MEDICAL PROFESSION

Eli G. Jones, M. D., Buffalo, N. Y.

Every loyal American citizen believes with all his heart and soul that the entry of the United States into the war means that the Allies will come out victorious, a dictated place established, and the world "made safe for democracy." Formerly regarded as a nation of merchants, without vision or ideals; envied for our wealth, care-free happiness and geographical isolation, sneered at by reason of our convictions for democracy and human rights, which were thought to be a mere pretense, we will come out of this war with more honor, prestige, wealth and influence than we, or any nation in the history of the world has ever before enjoyed. This will mean added responsibility; it will mean that more will be expected of each American citizen intellectually, morally, spiritually and progressively. He will be idealized as a man with a spiritual development stronger and freer than that possessed by any other man; he will be pictured as one so opposed to tyranny and special privilege that progress in art, science, literature, music, government, invention and medicine has become the very law of his being.

In a large measure the ideal American fulfills the above condition, but it can not be truthfully stated that we, as a nation, possess every essential of this idealization; and before we do, a peaceful revolution must come and a reorganization of many

of our institutions of government and learning take place. To the close observers of current events evidence accumulates that this "peaceful revolution" is in the making, that the crucible of war is moulding human thought for world-shaking changes. It is causing more people to think in fundamental terms than at any time in the history of the world. This applies to "the folks at home," but more particularly to our marvelous soldiers now fighting on "The Frontier of Freedom." Letters come from them to the effect that if they survive this conflict their lives will be more real; that they will seek and work for real objects; that they will have infinitely more charity and love for their fellow-men, but little sympathy for the social parasite and privileged pretender.

Already our religious leaders are astir at the hints they have received from our soldiers that no longer are they satisfied with a "classified, stultified, statistical Christ"; that in the future Christian love and charity will mean Christ's love and charity—and no other, and that religion to win their support must be a living, breathing, human and aggressive reality.

Those readers who have failed to read between the lines of the foregoing may ask at this point what has all this to do with medicine and the medical profession? As a profession we are very intimately concerned in these things, for evidence is at hand revealing that the subject of **medicine** is being turned over in the minds of the soldiers, along with other questions of politics and religion. They are writing of medicine to their "folks at home." I know from personal contact that "the folks at home" are thinking very deeply—more deeply than ever before—on medical and health subjects. They are asking questions, and when people are "giving their all" they have a perfect right to ask questions. Recently an American mother received word from "over there" that her son had died of pneumonia. A neighbor came to console with her, but the mother kept asking: "Oh, why couldn't they cure my boy of pneumonia? They have good government doctors."

Dear reader, our boys on "The Frontier of Freedom" are fighting heroically for the freedom of mankind—and thinking fundamentally. "The folks back home" are bearing up and supporting them bravely—and thinking fundamentally, asking pertinent questions.

This war is unlike that of any other, consequently the reaction from it will be unlike that of any that have preceded it. The issues are clearly drawn: liberty or slavery for all the world. Liberty is so sure to win we need only concern ourselves as physicians as to how our profession will be affected

by the postbellum changes. Old customs, old laws and old ethics relating to our profession are certain to undergo a radical change. It will be a time for discarding old slaveries, a time for establishing new liberties and greater efficiencies politically, economically and socially.

While great progress have been made in the arts and sciences during the past fifty years, what of medicine? It has run along as placidly as the waters of a brook heretofore, but when the war is over medical progress will advance with the swirl, surge and speed of the rapids of Niagara. Are we foolish enough to think we can slow up this resistless tide to suit our accustomed rate of progress? Practical service to humanity will be the only excuse for the existence of our science.

Let us take counsel together and see what is our wisest course. Believing that "Truth is the best buckler" at all times, and especially so at a time like the present, I will present the conditions as they exist today in our profession, which may help us orient ourselves and prepare us for the changes to come—the demands the people will make of our profession in the new era to come soon after the war's end.

It is quite true that our doctors possess **aspirations** to cure disease, and that they have been successful in coining them into prestige and wealth by giving their activities high-sounding terms, such as "great strides of modern medical science," "epoch-making discoveries," when, as a matter of fact these "great strides" and "epoch-making discoveries" leave the ever-present question of **cure** exactly where it was before—unsolved.

As a profession we suffer both from foes within and foes without. We have the fistula of medical nihilism gnawing at the very vitals of our professional life. We have the political doctors, who would make it a crime for anybody but a standardized high-brow to save a human life; who would, if they could, make healing a close corporation, so that the public would be compelled to employ the doctors of one school of medicine exclusively, regardless of whether the doctors of that favored school were the best fitted or not, which would be a matter for the **born physician**—not the **born politician**—to decide. Medicine can not be monopolized any more than Art can be monopolized, and the attempts made to do so have hurt us as a profession.

We suffer from foes without the profession, for which we ourselves are solely to blame. By not becoming master of the diseases common to our country our patients have lost

faith in us. We have thus invited the drugless healers of all varieties to grow and fatten on our inefficiency. The drugless healers are prospering—make no mistake about that. We know of one in New York City (and he is not an isolated case) whose fee for making an “adjustment” is \$20, and he is so busy it is extremely hard to make an appointment with him. Furthermore, these cults are investing their money freely in schools, in books, circulars, journals, sending this literature into the homes of the people and educating them to cure themselves without drugs. The inroads these cults have already made in our practices will become more serious at the termination of the war, if we do not prepare to meet them in direct competition as healers of acute and chronic diseases—and beat them.

We have so neglected the every-day, common needs of the people that our position has become semi-official; we are being called in, more and more, simply to satisfy the legal requirements respecting medical attendance of the sick. Often people who do not believe in our skill call us in to keep their neighbors from gossiping, not as physicians to heal their sick. In England, even before the war, the people were learning to rely upon non-professional healers skilled in the practical application of remedies to diseased conditions. It is reported that these healers receive a fee many times greater than that paid the regular practitioner, who is employed to give the case a legal aspect, or perhaps, sign the death certificate, in case of a fatality. Is the noble profession of medicine destined to degenerate into a body of men who will be merely legalized signers of death certificates, while the more practical, but less technically educated, non-professional healers reap the large fees?

In our endeavors to create greater privileges for the profession we have become, to a large extent, the victims of false leadership—a leadership caring for naught except the Almighty Dollar; a leadership insensible to the real needs of our doctors and callous to our finer instincts of manhood, freedom and fair play; a leadership incapable of comprehending the true function of the physician in our social and economic life; a leadership blind to the rising intelligence of the American people and deaf to their insistent cry for real cures; a leadership fostering in our doctors a false and dehumanized professionalism, so that we have lost the “common touch,” the “friend in need” relation to our patients that formerly was one of the most noble traits of a family physician; a leadership that has fabricated our Code of Ethics into a monstrous



weapen of tyranny and illegitimate discipline; and, when the occasion arises, a cloak to hide our professional delinquencies and our impotence to cure; a leadership with intellectual scope so limited and absolutely foreign to the distinctive brain power of real physicians that complete mastery of disease is declared to be impossible, except, perhaps, by the methods in use by the medical Healers who have been incubated in institutions designated by our leaders and trained according to their false standards of medical education; a leadership so reckless of our professional reputation that it has created the impression that the useful and necessary sanitary laws regulating contagious and infectious diseases are a part of the function of real physicians, whereas, it is the work of sanitarians and sanitary engineers, manning the Public Health Boards of our States with subservient doctor-puppets, accentuating the importance and scope of their work, encouraging the usurpation of their lawful powers, and holding them up as the type of a leading physician, when, as a matter of fact, few of these office holders could obtain the public endorsement of a single reputable physician; a leadership so determined to complete the **enslavement** of our doctors that it has assumed control over our medical colleges, and so manipulated the curriculum of each that medical students are developed into second-hand pathologists, bacteriologists, diagnosticians and jugglers of scientific problems who are compelled to study useless courses to enable them to do the "stunt" of passing their State Board examinations, instead of being fitted as physicians who can positively cure the diseases common to our country; a leadership so un-American in instinct that the magnificent work of American medical genius has been scorned and classed as quackery, while German doctors and dye-house products "Made in Germany" for the express purpose of being sold to "those American fools" have been lauded as the ultimate in curative efficiency; a leadership carcinomatous with the vested interests of American manufacturers of therapeutic rubbish designed to be sold to the medical profession; a leadership so completely abortive, contractive and stultifying to the normal spontaneity and progress of our medical authors that most of our current literature discloses a hang-dog spirit of authorship, their efforts degenerating into a mere gilding and mellowing of the standardized scientific jargon previously published, intolerably laborious, dry and inefficient—a Zeppelin of flatulence and unlawful insult to our intelligence.

The foregoing is a diagnosis of our professional ills and their etiology. We have allowed ourselves to be led by false prophets upon the quicksands of therapeutic inefficiency. We have permitted them to set the limitations of our work. We have been led to glorify the medical nihilist, which means we have glorified the medical nonentities of our profession. We have been sensitive to the judgments of these false leaders, instead of to our normal consciences and God! we have been falsely led to seek for professional reputation within our profession that we might the more easily impress the public, which has been educated calculatingly to expect only the limited skill we had to offer them, and that if we failed to cure their disease there was no use in seeking a cure elsewhere.

What is the solution of our problem? The philosopher Barrow has said: "The proper work of man, the grand drift of human life, is to follow **reason**, that noble spark kindled in us from Heaven." And, defining clearly of what reason consists, John Foster has said: "All reason is retrospect; it consists in the application of facts and principles previously known."

Let us **regenerate** ourselves, let us retrace our steps, let us tell the truth and hold high the torch of **reason**. Let us **apply facts and principles** previously known to our profession. Medical literature is literally **glutted** with **facts** and **principles**, which, if applied to the cure of disease, will enable us to win back the **confidence** and **patronage** of the public, for no method, no cult of healing, no other means of drugless healing can cure disease so economically, so congenially, so thoroughly and satisfactorily as can the administration of the **properly applied internal remedy**.

We profess to be physicians, doctors of medicine, yet how many of us **know** the medicinal properties of the plants of our **own** country? We have neglected as a profession to study the medicinal properties of the trees, plants and flowers growing at the very doors under the shadow of "Old Glory." As loyal Americans, as independent, self-reliant Americans, it behooves us to investigate the remedies that grow and have been tested in the Land of Liberty. Paracelsus, the great teacher of medicine, has taught us the great importance of knowing the medicinal properties of the plants around us. He said: "A physician should overlook nothing; he should look down before him like a maiden, and he will find at his feet a more valuable treasure for all diseases than India, Egypt, Greece or Barbary can furnish."

The Eclectic School of Medicine was founded by Dr. Wooster Beach, a graduate of the Medical Department of the University of New York, a member of the N. Y. County Medical Society (regular). He published valuable books on anatomy, surgery, practice and materia medica. Dr. Beach used to advise his students to "**investigate** the remedies of **all** schools of medicine, and **select** any remedy that might be of value to him in healing the sick." During the past 100 years the Eclectics have been testing the vegetable and plant remedies at the bedside of the sick (not in the laboratory), and they have found there are many remedies that do have a **definite** and permanent **remedial** action upon certain **abnormal** disease expressions. By the cunning hand and brain of that skillful chemist, Prof. John Uri Lloyd, these remedies are prepared in a **definite** form, so that the full **medicinal** properties of each plant is consistently obtained. These "Specific (definite) Tinctures" have been before the profession for nearly fifty years, and found to be **absolutely** reliable. They are in daily use by 30,000 physicians in the United States. The medical profession owes Prof. Lloyd a **great** debt of **gratitude** for preparing the remedies of our **own** country in a reliable, **definite** form, and so convenient for prescribing. Let us be loyal to the land that gave us birth, loyal to the flag that stands for liberty everywhere. Let us, also, be loyal to American genius, and thus be true to our **best interests**.

The Physio Medical (botanic) School of Medicine is well posted on the medicinal properties of the non-poisonous vegetable remedies of America, for the reason that they don't use anything else in their practice. They were the first school to establish the fact that it was possible to relieve pain by sanative (non-poisonous vegetable remedies), instead of deadly narcotic poisons.

The Homeopathic School of Medicine was founded by Dr. Samuel Hahnemann, who discovered the therapeutic principle that "like cures like," the truth of which is constantly being verified by the leaders and independent investigators of the old school. At the age of twenty-two years Hahnemann was master of twelve languages. He was a highly educated man, and as a chemist he had no superior at the time in which he lived. He was a professor in a regular medical college, and he wrote something like seventy original works on medicine and chemistry. He was a **physician**; his students delighted to call him "The Master." He has left on record this statement: "A physician who fails to use every means in his

power to cure his patient is not doing his whole duty by his patient."

In the materia medica of the Homeopathic School of Medicine I have found remedies of such great healing power that they may only be compared in preciousness to diamonds and rubies, and so will you, dear reader, if you study their books with an open mind, with a mind ready to grasp the truth, a mind determined to apply that truth in every-day practice.

The Biochemic System of Medicine was founded by Dr. Schuessler in 1873. Physicians of all schools of medicine have tested, in thousands of cases, the Twelve Tissue Salts, which Dr. Schuessler discovered were constituents of the human body, and have found them to be absolutely reliable, when given as indicated.

One of the great teachers of medicine in his day and generation was Dr. William H. Burgess of East Chattanooga, Tenn. His book, "New Field," was a new departure in practical diagnosis and medication.

Paracelsus taught us something of "organotherapy"; that there are certain remedies having a selective affinity for certain organs of the body. Radmacher, in his book, still further developed this theory, but it remained for Dr. J. Compton Burnett to test this theory clinically in a great many cases, which are recorded in his books, "The Liver" and "The Spleen." From my own experience I am well satisfied that Chelidonium is an **organ** remedy for the liver, as Ceanothus is for the spleen and Crataegus is for the heart. It will pay any doctor well to study all of Burnett's books. They will help him **do things** in his profession.

The above resumé will serve as a guide for the reader who decides to use his **reason**, for the literature of the schools mentioned will give him **facts** and **principles previously known** about the healing art. I wish it understood that I don't hold a brief for **any** school of medicine; I merely wish to show you all the "therapeutic reserves" a doctor may draw upon in his battle with disease. It will add just that much to your medical knowledge, and what you really know about applied therapeutics is your working capital. I have never tried to convert any physician to any school of medicine; all I have tried to do is to help him become a **better** physician. I always say to my students: "You may belong to any school of medicine that you choose; you may affiliate with any State or national medical that suits your fancy, but when it comes right down to the business of prescribing for a sick person, forget all about your 'pathy' and give the remedy that will **cure your patient!**"



The average physician of all schools of medicine is **weak** on materia medica; he has not been taught **definitely** what to do for a sick person, and for this reason lacks **confidence** in himself and in his remedies. I think I may be permitted to state this fact with exceptional authority and emphasis, for I have been teaching physicians from all schools for twenty-five years and my experience has shown me their **weak** points.

Our medical courses, instead of expending all their energies in teaching the students the **technical** part of their profession, must teach them the **definite** action of all the clinically tested remedies, and the **clean-cut** indications for the administration of each. When you show a student **how** to use each remedy and **when** to use it, and demonstrate what he is able to **do** with each remedy, you will create confidence in his mind that remedies, when administered according to **definite** indications, will **cure** diseased conditions. This accomplished, you will have also **created** an unshakable confidence in himself, without which a man **can not** become a **real** physician. The professors in our medical colleges should be men who have made reputations by their **success** in healing the sick. Such men—no other—are qualified to teach other men the art of healing. The most successful physicians, the men who have the **biggest** practice and the **best** reputation, are those who **know** the materia medica; **not** of one school of medicine, but of all! Centuries before Christ a Hindoo physician, Sas-ruta, said: "He who knows but one branch of his art is like a bird with one wing."

Dear reader, I have not only outlined our professional **short-comings**, but I have pointed out to you the **path** that leads to professional regeneration—to professional **success**. I believe there is near at hand the dawn of a brighter and better era for our profession, when all "isms" and "pathies" shall have been buried and forgotten, when we shall come together as physicians, as brothers; aye, as Americans, with one object in view; to find the **best**, the most **definite** means of healing the sick. Our boys on "The Frontier of Freedom" are fighting heroically for the freedom of mankind—and thinking fundamentally. "The folks back home" are bearing up and supporting them heroically—and thinking fundamentally. Let us prepare ourselves to be worthy of our brother's closest confidence, let us become so **efficient** in our art that we can invite his most intelligent scrutiny into our methods and skill. As wise, intelligent and really honest men, let us not be swayed or governed by numbers, by majorities, by those of

little faith, who charge the usury of self-respect for their support and association. Let us line up on the constructive side of life—of medicine—and so become major therapeutics, real builders in the Golden Age to come after the war is ended. Let our Code of Ethics be; to take personal, independent investigation and clinical test of all therapeutic methods, and to use all, or such part or parts thereof, as have been found the most definite, the most rapid, the most simple, the most humane, the most congenial means of permanently healing the sick.

### AN UNPRECEDENTED OPPORTUNITY FOR WOMEN

**Emma Wheat Gillmore, M. D., Chairman Committee of  
Women Physicians, General Medical Board,  
Council of National Defense.**

The same year that gold was discovered in California, a lone pioneer received the first medical diploma which the United States had issued to a woman. Other colleges shortly followed the example of the one which had opened its doors to Elizabeth Blackwell, and today over fifty co-educational medical schools admit women upon the same terms as men.

There are more than 25,000 American physicians in military service at this writing, and the Council of National Defense is undertaking, through the Volunteer Medical Service Corps—an organization which has President Wilson's approval,—the task of classifying the qualifications of ninety thousand more. Of these, about six thousand are women, less than one-third of whom have registered with the General Medical Board.

Women of the profession, unless our qualifications are standardized and on file, can you not see that we are an unknown quality and quantity as far as the Government is concerned? In spite of the overwhelming difference in number—6,000 women and over 100,000 men—and regardless of the fact that over twenty-two centuries have passed since Hippocrates wrote the immortal Oath and only sixty-nine years have elapsed since women entered the medical profession, the Volunteer Medical Service Corps has invited them to membership with the same impartial cordiality as it has the men.

Meanwhile, medical women who possess a vision will see in the Volunteer Medical Service Corps an incomparable method of organization which will register their qualifications and place them in an identical coded class system with men physicians. This corps is in reality an ideal procedure for mobilizing the military forces of our country for selective

medical war service. Incidentally it will place loyal and patriotic medical women by the side of those men who are willing to give themselves. Even though all of them are not elected to membership, their names will be on file with the Government as willing to serve as far as their strength and capability will permit, and no one can point a finger at them and say "slacker."

Will a page be turned over in the history of American Medical Women upon which will be written the qualifications of 6,000 of them, matching that group of English physicians known as the Scottish Women's Hospitals, which was so perfectly organized that they were able to hand over to their Government a constructively organized body of professional women for military service? Or shall we continue, as we have done in sporadic groups for the past 69 years, to demand recognition of men and at the same time neglect to unanimately affiliate with them in recognized medical societies, and to withhold our influence both with pen and vote when medico-social and medico-political and medico-scientific issues are at stake which shake the very foundation upon which medicine rests?

The body politic of the civilized world holds a prominent place for the profession of medicine in the near future. Are we to have a hand in shaping it? The Volunteer Medical Service Corps is big with promise for women of the medical profession if we take advantage of it to put ourselves on record. The response which the Council of National Defense receives from women who apply for membership will tell the tale as to whether they have or have not grasped and taken advantage of the unprecedented opportunity which this world's war for Democracy has opened up for them through the medium of the Volunteer Medical Service Corps.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBOURN, A.M., M.D.**  
Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBOURN, A.B., M.D.**  
Assistant Editor

---

## SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## THE TOP OF THE LADDER

All of us can remember that in our extreme youth our elders were fond of pointing out that there was plenty of room at the top of the ladder. Apparently the idea was to inculcate a spirit of ambition and endeavor, and this certainly was commendable. However, there is one feature about the ladder metaphor which we do not remember having ever heard mentioned and we are quite sure it was never emphasized. Possibly the intention was to allow the climber to make the discovery himself in his own good time. In any case eventually he will discover that there are many rungs to his ladder in addition to the one which is so easy and the one which is so hard which previously had been pointed out to him so carefully. At first he will be a little bit dazed but if he is built of the right stuff he will realize, in time, that the ladder of success is very like the common household variety in that it has many rungs and that each fulfills a very definite purpose in the design of the whole. By mounting one rung at a time it is quite feasible to reach the top, though strength and perseverance are essentials. But without those intermediate rungs nothing can be done, a



wide space and void would separate the top rung from the bottom rung and progression becomes impossible. The rungs in an ordinary ladder are placed there for the principal purpose of allowing the climber to elevate himself by easy stages, and the ladder of fame is of similar constructure. It is futile to try to jump at one bound from the bottom to the top.

### **A FIVE MILLION ARMY MEANS FIFTY THOUSAND MEDICAL OFFICERS**

With an army of three million men in the field or in training and as contemplated, an expansion of this force to five million men, the Surgeon General must have in the Medical Reserve Corps at least fifty thousand doctors.

The Medical Corps must keep apace in growth with the army expansion and it behooves every doctor in the United States between the age of 21 and 55, who is physically, morally and professionally fitted, to arrange at the earliest possible moment, his personal affairs so as to offer his services to his country in the capacity of a medical officer.

The United States is in the war to do her part in winning the struggle, and this can only be accomplished by a large and well trained body of troops adequately cared for by sufficient number of medical officers. The importance of the doctor's service and its relation to the successful outcome of the war can not be under-estimated.

As the mobile forces increase in size, so is there an expansion of base hospitals and other institutions for the care of the sick and wounded, and there should be no lack of officers when required to give to our patriotic boys that professional attention which is so essential.

It is well for the medical profession of the United States to realize at once that a Medical Reserve Corps of at least fifty thousand doctors will be required to meet the demands of the Surgeon General and upon which corps he can draw for his medical officers.

We believe by this time that the profession of this country must be fully alive to the needs of the service, so let every doctor who is qualified feel that he is doing not only his patriotic duty in offering his services as a medical officer, but is relieving the tension of the Surgeon General's office by placing at the command of the chief officer of the Medical Department an adequate force without the frequent beating of drums to supply the necessary number with each increase of the mobile forces.

If you have not already received an application blank for

commission in the Medical Reserve Corps, your nearest Examining Board or the editor of this journal will be glad to supply you.

### COLD-PACK CANNING AND BOTULISM

The United States Department of Agriculture authorizes the following statement:

Botulism, often called sausage poisoning, is a specific intoxication brought about by *Bacillus botulinus*, an organism isolated by Van Ermengen from insufficiently cooked sausages which had caused a severe outbreak of food poisoning in Belgium in 1895. The symptoms (nausea, gastric pains, visual disturbances, muscular weakness, etc), are caused by a definite toxin or poison produced by the *Bacillus botulinus* outside of the body.

The *Bacillus botulinus* is an anaerobic organism—that is, it grows in the absence of air. It grows readily at 20 to 25 degrees centigrade, but only sparingly at 37 degrees centigrade, the temperature of the body, and there is no conclusive evidence that it produces its toxin to any extent in the digestive tract of animals. *Bacillus botulinus* does grow readily and produces its toxin in protein foods such as meat or fish products. Some investigators state that it also produces its toxin readily in protein-containing vegetables like peas, beans and corn. When growing in these foods, the organism produces a very powerful poison which produces the symptoms mentioned above, or even death, when eaten in extremely small amounts. Fortunately, cases of botulism are not common in this country.

The *Bacillus botulinus* is a spore-forming organism, but both the organism and its spores are not very resistant to heat, the spores being killed by heating to 80 degrees centigrade for one hour. The toxin which the organism produces is also destroyed by boiling. Thorough cooking at the boiling temperature is therefore all that is necessary to kill the organism and destroy its toxin in the food, and cases of botulism are due to the eating of food which has been infected with the organism and not been sufficiently cooked. Sausages which might become infected with this organism present ideal conditions for its growth, and have been a frequent cause of botulism. From this fact the name of the disease is derived. Infected meat products and, in a few instances, canned vegetables and fruits, have been given as causes of botulism.

Recently Dr. Dickson of San Francisco has reported a study

of eleven outbreaks of food poisoning, occurring during the past eighteen years in California, which he attributes to eating canned vegetables and fruits. In these cases no definite information is available as to the methods used in canning the vegetables, but it is reasonable to assume that the contamination of the goods might have been brought about by the selection of food of poor quality for canning, by lack of cleanliness in packing the products, by the neglect of some essential steps in the process, or by failure of the heat to penetrate to all parts of the can in sterilization.

There is no danger that the type of food poisoning known as "Botulism" will result from eating fruits or vegetables which have been canned by any of the methods recommended by the United States Department of Agriculture, providing that such directions have been followed careful, and that no canned goods are eaten which show signs of spoilage. In case of any doubt as to whether the contents of a particular can have spoiled it should be thrown away. If fed to chickens or other animals it should be boiled. No canned food of any kind which shows any signs of spoilage should ever be eaten. In the cold-pack method of canning given out by the Department of Agriculture, only fresh vegetables are recommended for canning, and sterilization is accomplished by the following processes: Cleansing, blanching, cold-dipping, packing in clean, hot jars, adding boiling water, sealing immediately, and then sterilizing the sealed jars at a minimum temperature of 212 degrees Fahrenheit for one to four hours, according to the character of the material. Since the spores of *Bacillus botulius* are killed by heating for one hour at 175 degrees Fahrenheit there is no reason to believe that the *botulinus* organism will survive such treatment.

The *Bacillus botulinus* has been found in the digestive tracts of some animals, especially the pig and the fowl, probably occurring there in the same manner as does the organism of tetanus (lockjaw) in the intestinal tract of the horse. It is not a parasite in the ordinary sense, but rather a saprophyte. From these sources it may be deposited on the soil, although attempts at isolating it from the soil have generally given negative results.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. J. P. Dougall, Los Angeles, has accepted a commission in the U. S. Naval Reserve Corps.

Capt. H. V. Brown, M. R. C., Los Angeles, has been transferred from Fort Riley to Spartansburg, S. C.

Dr. C. P. Getzlaff, a former graduate of the C. E. M. C., is located at Priest River, Idaho.

Dr. Clarence Stammers, Selma, a former graduate of the C. E. M. C., took the June board and was granted a license to practice medicine in California.

Dr. C. O. Hanson, formerly of Denver, who has been practicing in Pasadena, has been commissioned a captain in the M. R. C. and ordered to report to the commanding general of the Western Department.

The Society of Associated Anesthetists has been asked to proceed at once to secure qualified women physician anaesthetists under 45 years of age of mental, as well as young women graduates, who are competent for such service. Those women physicians who are qualified for anaesthetic service and who are competent to be intensively trained are requested at once to get in touch with Dr. F. H. McMechan, Secretary, Interstate Anesthetists, American Anesthetists, Avon Lake, Ohio.

The U. S. Civil Service Commission again requests the assistance of editors of periodical publications in the campaign to recruit a sufficient number of stenographers and typists to meet the great demand of the government offices in Washington, D. C.



# The California Eclectic Medical Journal

Vol. XXXIX

NOVEMBER, 1918

No. 11

## Original Contributions

### PERSONAL EXPERIENCES WITH APOTHESINE

Albert J. Atkins, M. D., San Francisco

Read before the California Eclectic Medical Society.

For twenty years the State Society has been bored with my experiences in rectal diseases, so, no doubt, all breathed a sigh of relief when the foregoing title was announced as a paper from A. J. Atkins, M. D.

For many years cocaine was considered the only, or at least the best, local anaesthetic on the market, but as all know, it is too narcotic and drug habit forming, and chemists experimented for something to produce anaesthetic, eliminating these evils, so it was from Germany the famous Novacaine originated, which has been actively used in minor surgery for a number of years.

Novacaine was, and is still, by far the best local anaesthesia yet discovered, for its value lies in the fact that it is a synthetic preparation, non-narcotic, and also no habit is formed from its usage, therefore the narcotic law eliminates the keeping of a record of its distribution, and this alone is a great boon to the busy practitioner.

The great war has brought many changes and substitutes in all walks of life, and is therefore evident in the medical profession, as many drugs are now unavailable. So the supply of novacaine, the great German anaesthetic, has become practically depleted in the United States.

For many months, chemists in this country have been endeavoring to find a substitute anaesthesia, and it is to the Parke Davis Company that the discovery of Apotheresine is credited.

My experience with Apotheresine is, naturally, limited, as my work is confined to the rectum only, and no doubt most of you have had better opportunity to observe its worth than I. However, I have treated a number of cases recently, and so far have had no ill effects. These cases range from a four-year-old child suffering from hemorrhoids, to cases of thirty years' standing. I have treated and removed as many as six tumors at one time, the anaesthetic lasting about one hour. In extreme cases I use as much as five grains on a person at one operation, the healing taking place naturally without any complications.

Apothesine has also been used successfully for fissure, thrombus and minor surgery for fistula. At the insertion of the needle in the parts to be anaesthetized, there is a slight pain, not only from the needle, but from the drug, evidently there being some acidity in the composition.

As I repeat, my experience with Apotheresine is limited in its usage, but I understand the government is using it in great quantities for minor surgery, yet I believe Apotheresine is not so perfect an anaesthetic as Novacaine, for it requires more of it for an effect, takes longer to anaesthetize, and a longer time to wear off, but it is safe and reliable and is, in my opinion, the best American local anaesthetic on the market today.

## CARREL DAKIN'S TREATMENT OF INFECTED WOUNDS

T. C. Young, M. D., Glendale

Read before the California Eclectic Medical Society.

First consideration is the

### Preparation of Wound

The wound must be carefully cleaned out, all necrotic tissue, blood clot and foreign material removed. This may be done as you would for operative procedure. Then apply sterile yellow vaseline around the edge of the wound to prevent chafing of tissue where the solution passes over.

### Preparation of Dakin's Solution

In the preparation of Dakin's Solution you must estimate your available chlorine in the chlorinated lime—20 gms. of chlorinated lime plus 1000 cc. of H<sub>2</sub>O, put in a colored bottle, shake well and allow to stand 24 hours and then filter. Then take 22cc. of 10% solution of K. I. plus 2cc. of acetic acid

plus 10 cc. of filtrate = a brown color, plus a thyo sulphate solution from buret until color disappears; check the reading, say for instance  $16.8 \text{ cc} \times \text{decimal } 1.775 = 29.8\%$  available chlorine. Now to proceed with your solution, when the available chlorine in chlorinated lime is between 29 and 30%, the following formula may be used:

Solution No. 1. 154 gms. of chlorinated lime plus 4 liters of tap water.

Solution No. 2. 77 gms. of anhydros sod. carbonate plus 64 gms. of sod. bicarb., plus 4 liters of  $\text{H}_2\text{O}$ , mix the two solutions and filter. To preserve the solution, add 5 mgs. of  $\text{KMNO}_4$  to the liter to preserve it.

After the solution is mixed, the next most important step is to test the alkalinity of the solution. This must be done before use in cavities and in deep tissue wounds. If too alkaline, it is irritating and destroys too much tissue, and does not diffuse in the tissue; if too acid, it has no germicidal action.

The alkalinity test is very simple. It may be done with three test tubes. No. 1 contains solid phenolphthaline, No. 2 contains 5% solution of phenolphthaline, No. 3 contains 3% alcoholic phenolphthaline. If you get a red solution in tube No. 1 (solid Phenophthaline, your solution is too alkaline; if a reaction in tube No. 3 (3% alcoholic phenolphthaline), your solution is too acid; if you get a red solution in tube No. 2, your alkalinity is correct. When you get a reaction in tube No. 1 indicating high alkalinity, add boric acid until you get a reaction in tube No. 2; if your reaction is in tube No. 3, add sod. bicarb. until you get a reaction in No. 2, then add your preservative, which is referred too above. If this preservative is added, you can feel safe as to your alkalinity for about ten days to three weeks. Without, it may last only two or three days.

### Application

After the proper alkalinity of the solution has been attained, the manner of application is of very great importance in deep wounds. Always open them freely to the bottom, but do not drain them from the bottom, but use the stock catheter, which is perforated about five perforations to the inch, with bath toweling wrapped around the drainage end. This toweling acts as a wick would in a coal oil lamp. Ordinarily this solution is allowed to flow through the wound every two to four hours at regular intervals, depending upon the severity of infection.

The microscopic findings are of great value in the conserva-

tion of solution. If, for instance, at first you have 50 colonies to the field on your culture, you use X quantity, and when the colonies decrease to 25 you can either cut down the frequency or the volume of the solution, and as soon as the bacterial count is cut down to a harmless number, which is considered about 10 colonies, you may discontinue the use of the method and close your wound, or prepare for your operative procedure.

Without the aid of your bacterial count you may continue your treatment indefinitely, and on the other hand you may discontinue too soon. Close your wound and infection would still be present and the end results will be lost. In hospital practice bacterial counts should be taken daily. This method is applicable to deep flesh wounds, bony sinuses particularly; it may be used with great success in deep abscess of the pleura, and in this particular case the alkalinity of the solution will soon be tested. If your solution is too alkaline, coughing will immediately occur. This must not be allowed, for fear of rupture of the walled cavity, and re-infection may occur. However, I wish to say that the greater the accuracy in your preparation of your solution the greater the results will be in the pleura, and should the solution be neutral or too acid, it is of no more value than water.

The application of Dakin Solution in peritoneal abscesses has been very much feared, due to the destruction of the protecting wall of the abscess, but I think this will be overcome and put on a scientific basis.

Superficial wounds may be treated very similar, only the perforated catheter method is not necessary. Apply soft gauze and apply the solution direct as often as necessary to keep the free chlorine present on the wound. I find in superficial skin graft work a solution called Di-clor-men-tee. This is very similar to Dakin's Solution, except it has a base of petroleum and eucalyptus oil. This is sprayed on the wound direct and dry gauze placed over it. This solution imparts the free chlorine very slowly and does not become dry; may be applied daily with good results, bandage may be easily removed and free chlorine will be still present.

I wish to again emphasize that this method is only applicable to superficial and skin wounds.

Chlorozene, another handy preparation on the market, may be used with great results in superficial infected wounds, but I would not trust it in the pleura or peritoneum, for it is impossible to determine its actual reaction.



**MEDICAL JURISPRUDENCE****Henry M. Owens, San Francisco**

No structure is ever created until a proper foundation is laid. Therefore this paper will be on the foundation or origin of the law that we may have a proper appreciation of the task placed before us. Therefore we commence at the beginning of time.

"In the beginning God created the heaven and the earth; the earth was without form and void; darkness was upon the face of the deep. The Spirit of God moved upon the face of the waters, and God said, 'Let there be light,' and there was light, and God made two great lights and a smaller light, and after making the living cattle, the creeping things, the beasts of the fields, the fish of the sea, the fowls of the air, commanded them to be fruitful and multiply. God then made man in his own image, male and female, blessed them and said be fruitful and multiply, replenish the earth and subdue it, have dominion over all things on earth.

God gave unto man every herb, plant and tree for meat, all of which took six days, and on the seventh day he rested from his labors. He called the first human being Adam, which means man. He found that Adam needed a helpmate, and created woman. The woman listened to the subtle serpent, ate of the forbidden fruit from the tree of knowledge, gave her husband the fruit, which he also ate. Then their eyes were opened and from this time man has known evil from good. The human family multiplied for 1656 years. Many of them became mighty men, and renowned, but evil predominated and God caused Noah to build the ark, take certain living beasts, fowls and ofod with him, together with his wife, his sons and their wives, and God then destroyed the earth by the great deluge lasting 150 days, and then when the earth became dry God commanded Noah to go forth from the ark and again populate the earth with all therein contained. God's command was obeyed. Noah built an altar and offered burnt offerings. The Lord smelled them and in His heart said, "I will not again curse the ground any more for man's sake; for the imagination of man's heart is evil from his youth. Neither will I again smite any more everything living as I have done," this for all generations. Noah was the first man to get drunk (Gen. 9:21). The people were divided into families and nations, every one after his tongue (Gen. 10:5). Their tongues were confused, they were scattered abroad upon the face of the earth.

It is very significant when we find that tradition delineates many trials and tribulations which befell the descendants of Noah until the land was populated with them, down to the death of Joseph, son of Jacob. It was then that the Egyptians grew envious of their power and the king issued his royal edict commanding the midwives put to death all of the males of the children born to the Hebrew women. We find that Moses came into the world. His mother hid him for three months among the bullrushes in an ark, to be discovered by Pharaoh's daughter, who adopted Moses.

The Hebrews had been hitherto the slaves of the Egyptians, and were delivered from bondage by command of God, who appointed Moses to bring forth the Children of Israel out of Egypt into a land flowing with milk and honey. God led the way through the wilderness and the Red Sea, going before them by day as a pillar of a cloud and by night in a pillar of fire. By command of God, Moses stretched forth his hand over the sea, and God caused the sea to go back by a strong East wind all that night and made the sea as dry land. The Israelites all crossed over and the pursuing Egyptians were all drowned. After having succeeded in crossing the Red Sea and spending forty years in the wilderness, they came into the borders of Canaan. And it came to pass that Moses sat to judge the people, and when Jethro saw all that Moses did for the people he inquired, "Why sittest thou thyself alone and all the people stand by thee from morning until even?"

And Moses said, "Because the people come unto me to inquire of God. When they have found a matter they come unto me; and I judge between one and another, and I do make them know the statutes of God and His laws." Exodus 18:14-18.) Jethro warned Moses that he had undertaken too large a task, that it would wear him away, that he could not continue to perform his work alone. Jethro therefore counseled Moses to teach the people ordinances and laws by providing out of his followers able men, such as fear the Lord, men of truth, hating covetousness, and place such men over them to be rulers of thousands, hundreds, fifties and tens. Let these judge their people at all seasons; that only the great matters should be judged by Moses.

This scheme was adopted by Moses and was at once put into execution, and thus it was for the first time that the foundation of our present governmental scheme was laid. God appeared to Moses and Aaron on Mount Sinai and spake all these words, saying: "I am the Lord thy God which have brought thee out of the land of Egypt, out of the house of

bondage," and then proceeded to give Moses His commandments which form the basis of our moral and civil law today, as follows:

"1. Thou shalt have no other goods before me.

"2. Thou shalt not make unto thee any graven image or any likeness of any thing that is in heaven above or that is in the earth beneath, or that is in the water under the earth. Thou shalt not bow down thyself to them nor serve them; for I the Lord thy God am a jealous God, visiting the iniquities of the fathers upon the children unto the third and fourth generation of them that hate me, and shewing mercy unto thousands of them that love me and keep my commandments.

"3. Thou shalt not take the name of the Lord thy God in vain; for the Lord will not hold him guiltless that taketh His name in vain.

"4. Remember the Sabbath day to keep it holy. Six days shalt thou work and do all thy labor, but the seventh day is the Sabbath day of the Lord thy God; in it thou shalt not do any work, thou, nor thy son, nor thy daughter, thy manservant, nor thy maidservant, nor thy cattle, nor the stranger that is within thy gates; for in six days the Lord made the heaven and earth, the sea and all that in them is, and rested on the seventh day; wherefore the Lord blessed the Sabbath day and hallowed it.

"5. Honor thy father and thy mother that thy days may be long upon the land which the Lord thy God giveth thee.

"6. Thou shalt not kill.

"7. Thou shalt not commit adultery.

"8. Thou shalt not steal.

"9. Thou shalt not bear false witness against thy neighbor.

"10. Thou shalt not covet thy neighbor's house, thou shalt not covet thy neighbor's wife, nor his manservant, nor his maidservant, nor his ox, nor his ass, nor anything that is thy neighbor's."

Then God gave Moses sundry laws for the guidance of his people (Exodus, Chapters 21, 22, 23).

Moses then returned and told the people all the words of the Lord and all the judgments, and all the people answered with one voice and said, "All the words which the Lord hath said we will do."

In the Book of Leviticus the laws pertaining to nearly all things are fully set forth as revealed to Moses by God from Mount Sinai.

Moses divided his people into tribes (Numbers 1 and 2).



Thus it was that it became necessary to enact rules and regulations for the government of society, for while man in his natural state and alone required no laws for his guidance, other than the law of nature. This law of nature being coeval with mankind and dictated by God himself, it is superior in obligation to any other. It is binding over all of the world in all countries, and at all times. No laws of mankind are valid if contrary to this, and such laws as are valid, derive their force and all their authority directly or indirectly from this origin.

In order to apply this to the exigencies of each individual, it is still necessary to have recourse to reason, whose duty it is to discover what the law of nature directs in every circumstance of life, by considering what method will tend most effectually to our own substantial pleasures and happiness.

If our reason were always as was that of our first ancestor before he transgressed, clear and perfect undisturbed by passions, not prejudiced, unimpaired by disease, or intemperance, our task would have been pleasant and easy. We needed no other guide. Every man now finds the contrary his experience; that his reason is corrupt and his understanding full of ignorance and error.

Thus has manifold occasion been given for the benign interposition of Divine Providence at sundry times and in divers ways to discover and enforce its laws by an immediate and direct revelation. The doctrines thus delivered we call revealed or Divine Law, and are to be found only in the Holy Scriptures. These precepts, where revealed, are really a part of the original law of nature, as they tend in all their consequences to man's felicity.

We are not to conclude, however, that the knowledge of these truths was attainable by reason in its corrupt state as it was when law writers first began to write books, since we find herein before set forth, that until revealed by God to Moses such laws and truths were hid from the wisdom of ages. Then as now, the moral precepts of this law are indeed of the same origin with those of the law of nature, and their intrinsic obligation is of equal strength and perpetuity. Yet the revealed law is undoubtedly of infinitely more authenticity than that moral system which has been framed by ethical writers and styled the Moral Law, because one is the law of nature expressly declared so by God, and the other is that which, by the assistance of imperfect human reason, we imagine to be that law. If we could be as certain of the latter as we are of the former, both would then have equal authority, and well



we could say that Divine assistance is no longer needed by the human family, but until then comparison will be futile.

Upon these two foundations, the law of nature and the revealed law, all human laws have been erected, and are necessarily dependent thereon. No human law should be suffered to contradict or oppose these. It is true there are a great many indifferent points in which both the revealed and the natural laws leave a man at his liberty to act as he sees fit, but which are found necessary for the benefit of society, to be restrained within certain limits, and it is then that human laws have their greatest and only force and efficiency; but with such points as are not in conflict with the Divine and natural laws, human laws are only declaratory of and act in subordination to the former.

When man lived in a state of nature, unconnected with other individuals, there was no occasion for any other than the law of nature and the law of God, nor could any other law have possibly existed, for a law always supposes a superior, who is to make it, and in a state of nature we are all equal, without any other dominating power over us but God, who is the author of our being and existence.

Man, however, was created a social being and is neither capable of nor has the courage to live alone, yet it was impossible for the whole human family to be united in one great society. It was therefore necessary to divide mankind into many parts, and form tribes, states, countries and nations, entirely independent of each other, and yet liable to a mutual intercourse, and by reason of this it became necessary for man to exercise his reasoning faculties for the purpose of enacting rules and regulations (not in conflict with the Divine or natural law) for the government of each tribe, state, country, and nation.

It is not our purpose to delve into the intricacies of any, save the constitutional form of government.

We sometimes encounter a vague impression that government may rightfully do whatever it has the power to do, and that whenever a particular division or officer of any division has not been made responsible to any other for the proper exercise of authority, the determination of such division or officer to do a particular act must be accepted as satisfactory, and conclusive evidence that the act must be accepted as satisfactory and conclusive evidence that the act itself is rightful and legal, however unjust; such is not the theory of the American Constitution, or of any government of society where human rights are recognized and respected.

Cooley says, "The sovereignty of a government is in the people." They have delegated to the agencies of their creation only so much of the powers of government as they deemed it safe, proper and expedient to give them."

"The power exercised must be within the grant made, and if it be not, it is a surpation, whether the means of restraint is provided for or not. The people even proceed deliberately and from conviction of the absolute necessity for such action, to impose restrictions upon their own authority, and they preclude themselves from the exercise of sovereign powers, except under the conditions of caution and deliberation, which they have previously by their written constitutions imposed. It is not, therefore, to be readily inferred that they designed any department of the government to exercise arbitrary power.

"To deal arbitrarily with the rights of the minority, even though that minority be so small as to embrace a single person, is not within the province of any free government, and the power cannot be rightfully conferred, because on no admissible theory of organized government does the sovereignty itself possess it." (Lieber, Civil Liberty, etc.)

We therefore must discard alike the idea of a divine origin for government and the theoretical social compact, and acknowledge rightful authority in the physical power of the stronger to subject the weaker to his will before we can accede to the doctrine that the greater number of voters is necessary to hold absolute sway or that the voice of the people is always to be accepted as the voice of Deity. Even when convened to consider what shall be the terms of their compact of government, the people are not without law, and are not at liberty to regard themselves as under no restraints. The law of God precedes their action; the immutable principles of right and justice are over and about them and cannot rightfully be ignored. The life and liberty of the individual and the fruits of his labor are not more sacred after they have been declared by a written law to be inviolable than they were before; and the legitimate province of constitutions is to furnish them with due and adequate protection instead of providing the means whereby the individual may be robbed by the organized society he enters of either or all. (Cooley, on suggestion of study of law; 1 Blackstone, 3rd edition, 11.)

Mr. Cooley also says, "The eloquent denunciation by Burke of the doctrine of arbitrary power delivered on the trial of Warren Hastings is worthy of being repeated often, and thoughtfully dwelt upon by those who frame laws for a free people." 'He gave arbitrary powers.' My lords, the East India

Company have not arbitrary power to give him; the king has no arbitrary power to give him; your lordships have not; nor the Commons; nor the whole legislature. We have no arbitrary powers to give, because arbitrary power is a thing which neither any man can hold nor any man give. No man can lawfully govern himself according to his own will; much less can one person be governed by the will of another. We are all born in subjection, all born equally high and low, governors and governed, in subjection to one great, immutable, pre-existent law, prior to all our devices and prior to all our contrivances, paramount to all our ideas and all our sensations, antecedent to our very existence, by which we are knit and connected in the eternal frame of the universe, out of which we cannot stir. This great law does not arise from our conventions or compacts; on the contrary, it gives to our conventions and compacts all the force and sanction they can have. It does not arise from our vain institutions. Every good gift is of God; and He who has given the power, and from whom alone it originates, will never suffer the exercise of it to be practised upon any less solid foundation than the power itself. If, then, all dominion of man over man is the effect of the divine disposition, it is bound by the eternal laws of Him who gave it, with which no human authority can dispense; neither he that exercises it, nor those who are subject to it, and if they were mad enough to make an express contract that should release their magistrate from his duty, and should declare their lives, liberties and properties dependent upon, not rules and laws, but his mere capricious will, that covenant would be void. The acceptor of it has not his authority increased, but he has his crime doubled."

We therefore are brought face to face with the fact that our very existence is founded upon the immutable laws of nature and our governmental foundation is set upon the laws of God as have been heretofore revealed and the statutes that have been enacted to put into force such revealed laws that were left somewhat vague and uncertain, yet there was a sufficient number of rules implied so that man could see what was intended by God for the government of society.

This will naturally lead us into a short inquiry concerning the nature of society and Civil Government; and the national inherent right that belongs to the Sovereignty of a state or of a society of making and enforcing laws.

The only time and natural foundations of society are the wants and fears of individuals. The offspring of Adam formed

the first society among themselves but were wiped out of existence by the deluge and it fell to Noah to rehabilitate this natural society, which every day thereafter extended its limits, and they laid the first, though imperfect rudiments of civil and political society, and though this society did not have its formal beginning from any convention of individuals, actuated by their wants and fears, yet it was their sense of weakness and imperfection that kept and still keeps mankind together. Therefore was and is the solid and natural foundation as well as the cement of civil society. It is therefore the reason why every part should pay obedience to the will of the whole as is expressed by the majority of its members that a society should guard the rights of each individual member and that in return for such protection each member should submit to the laws of the society, without which it would be impossible that protection could be extended to any. For when civil society is once formed, government at once results as a necessity to preserve and keep it in order.

Unless some superior be constituted whose commands and decisions all the members are bound to obey, they would still remain as in a state of nature, without any power on earth to define their several rights and redress their several wrongs.

All mankind will agree that government should be reposed in such members of society, in whom those qualities are most likely to be found, the nearest to the perfection of which is among the attributes of Him who is emphatically styled our Supreme Being: the three great requisites of which are, Wisdom, Goodness, Power: Wisdom to discern the actual interests of the common good of all the people: Power or strength to carry this knowledge and intention into successful action: Goodness to endeavor at all times to pursue that real interest.

These are the natural foundations of well balanced Sovereignty and these are the great requisites that ought and should be found in every well regulated and constituted frame and form of society.

It is not necessary for us to go into the uncertain history of the beginning of the several forms of government, but suffice it to say that a government where the power is lodged in an Assembly consisting of all of a society or community, is a democratic form of government and more public virtue, patriotism and goodness of intention is more likely to be found there than in any other form of government.

Therefore under this form, the will of the majority is the law of the whole and the majority also has the power to place re-



strictions upon its action by providing that to enact any changes of its own laws that thereafter a two third or three fourth vote shall be required. And it is therefore incumbent on the society or state to establish general rules for the perpetual information and direction of all persons in all points whether of negative or positive duty, in order that every man may know what to look upon as his own; what as another's; what absolute and what relative duties are required at his hands; what is to be esteemed honest, dishonest or indifferent; what degree every man retains of his natural liberty, and what he has given up as the price of the benefits and protection of society.

Therefore "Municipal Law is a rule of civil conduct prescribed by the supreme power in a State commanding what is right and prohibiting what is wrong" (Cooley's Blackstone 3rd Edition 53). With this rule in view, all governments and societies by the very nature of the premises are compelled to establish the boundaries of right and wrong and to fix rules for the enforcement of these rights and to redress the wrongs. Hence the necessity of the enactment of constitutions, Statutes, Charters, bylaws, rules, regulations and edicts.

While many persons are kept within due bounds toward their fellow man upon the ground that human and divine laws are binding upon their conscience, the good only would keep the law and the bad would set the same at defiance. Hence the necessity of fixing penalties for the violation thereof, and the punishment is usually fixed in such degrees as will have a tendency to force the bad or indifferent member of society to remain within the rules so prescribed through fear of punishment.

All laws must be interpreted according to the intent, words, context, the subject matter, the effect and consequences or the spirit and reason of the same, or the cause which moved the legislature to enact it; for when the reason ceases, the law itself should likewise cease to be of any force or effect.

From the method of interpreting laws by the reason of them was EQUITY born, which is defined by Grotius as "the correction of that wherein the law is deficient." Equity thus depending essentially upon the particular circumstances of each individual case, there can be no established rules and fixed precepts of equity laid down, without destroying its very essence and reducing it to a positive law. Some of the maxims of which are, "When the reason of a rule ceases to exist, so

should the rule itself. Where the reason is the same, the rule should be the same.

One must not change his purpose to the injury of another.

One must so use his own right as not to infringe upon the rights of another.

He who consents to an act is not wronged by it.

Acquiescence in error takes away the right of objecting to it.

No one can take advantage of his own wrong.

He who has fraudulently dispossessed himself of a thing may be treated as if he still had possession of it.

He who can and does not forbid that which is done on his behalf, is deemed to have bidden it.

No one should suffer by the act of another.

He who takes the benefit must bear the burden.

For every wrong there is a remedy.

One who grants a thing is presumed to grant also whatever is essential to its use.

Between those who are equal in the right or equally in the wrong, the law does not interpose.

Between rights otherwise equal, the earliest is preferred.

No man is responsible for that which no man can control.

The law helps the vigilant, before those who sleep on their rights.

The law respects form less than substance.

That which ought to have been done is to be regarded as done, in favor of him to whom, and against him from whom performance is due.

The law never requires impossibilities.

The law neither does nor require idle acts.

The law disregards trifles.

That is certain which can be made certain.

Time does not confirm a void act.

Interpretation must be reasonable.

Where one of two innocent persons must suffer by the act of a third he by whose negligence it happened, must be the sufferer.

### UTILIZATION OF PLATINUM IN UNUSED INSTRUMENTS

To the Doctors and Dentists of the Country.

1. In view of the limited supply of platinum in the country and of the urgent demand for war purposes, it is requested that every doctor and dentist in the country go carefully over

his instruments and pick out EVERY SCRAP OF PLATINUM that is not absolutely essential to his work. These scraps, however small and in whatever condition, should reach Governmental sources without delay, through one of two channels.

- (a) They can be given to proper accredited representatives of the Red Cross who will shortly make a canvass for that purpose.
- (b) They may be sold to the Government through any bank under the supervision of the Federal Reserve Board. Such banks will receive and pay current prices for platinum.

By giving this immediate attention you will definitely aid in the war program.

2. It is recognized that certain dental and surgical instruments requiring platinum are necessary, and from time to time platinum is released for that purpose. It is hoped, however, that every physician and every dentist will use substitutes for platinum for such purposes wherever possible.

3. YOU ARE WARNED against giving your scrap platinum to anyone who calls at your office without full assurance that that individual is authorized to represent the Red Cross in the matter.

LIEUT. COL. F. F. SIMPSON, M. C., N. A.,  
Chief of Section of Medical Industry.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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O. C. WELBOURN, A.M., M.D.  
Editor

D. MACLEAN, M.D.  
Associate Editor

P. M. WELBOURN, A.B., M.D.  
Assistant Editor

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## SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## THERAPEUTICS OF SPANISH INFLUENZA

At this writing there is present in this community an epidemic form of influenza which is much more severe than the sporadic form prevalent this season of the year. The severe general pains suggest la grippe, as it was found some thirty years ago; but this disease is more localized in the nasal passages at first, though later it may spread by continuity of structure to the lungs. In the latter event we are confronted with a severe disease. Our knowledge of an acceptable line of treatment, based upon consultations with practitioners of the several schools, is that there is a wide range and great difference of opinion. Some give larger doses of the cold tar series while others give no drugs at all, relying entirely upon keeping the chest warm and the patient well nourished. Our observations lead us to conclude that the following line of treatment is excellent. Put the patient in bed and keep him there. Give small quantities of easily digested food and keep the bowels soluble. Prescribe according to the well known specific indications which usually call for gelsemium as one drug.



Should pneumonia be present when patient is first seen or develop later a counter irritant, usually mustard, over the affected area and a pneumonia jacket over the entire chest will help a great deal. Later in the disease Libradol should be used instead of mustard. Again give the indicated remedy, not forgetting to stimulate when the occasion demands.

### HEALTH INSTRUCTIONS THROUGH DRAFT BOARDS

Washington, D. C., Sept. 23.—Provost Marshal General Crowder today called attention to a circular of instructions prepared by the United States Public Health Service for registrants declined in the draft because of physical disability. The circular, copies of which have been placed in all the local draft boards throughout the country, is the result of a recommendation made to General Crowder by Surgeon General Rupert Blue of the U. S. Public Health Service. The Surgeon General points out that in the first draft about one-third of the men examined were rejected for physical disabilities and that hundreds of thousands will be added as a result of the examinations to be made of the new registrants.

"It is highly desirable," said Surgeon General Blue, "that the men found to be disqualified for military service by the examining physicians of the local draft boards should receive definite instructions as to the meaning of their disabilities and that a strong appeal be made to them to correct these disabilities as far as possible. But the object of this measure is not only to reclaim men for military service or for such service as they can perform, but to lessen the burden of illness and disability among those engaged in essential industrial work. It is hoped that the instruction in this circular, which is really a primer of the physical defects of the nation, will reach far beyond the draft board and be utilized by all agencies interested in improving the public health to instruct the people with regard to their physical deficiencies and the ways and means by which they can be remedied."

According to the U. S. Public Health Service experience everywhere shows that the proportion of persons with physical impairments is considerably greater in persons between 30 and 40 than in those between 20 and 30 years of age. This waning vitality at ages over 30, so commonly accepted as inevitable, can be postponed to a large extent. In this connection, it is pointed out that 60 per cent of the physical defects

found in the last draft were of a preventable or curable nature.

In addition to furnishing all the local draft boards throughout the country with a sufficient number of the circulars to supply one to each registrant rejected because of physical disability, arrangements have been made to furnish specimens of the circular to life insurance companies, fraternal organizations, labor unions, employers of labor and others who desire to reprint the circular in its present official form for wider distribution.

"The U. S. Public Health Service will be glad to furnish specimens of this circular on application and urges all organizations that can reach large groups of people to reprint and distribute the circular and thus contribute materially to the public welfare and the national defense."

The circular issued by the U. S. Public Health Service is entitled "Information for Guidance and Assistance of Registrants Disqualified for Active Military Service Because of Physical Defects." It is a four-page leaflet, containing specific information relating to the commoner causes of rejection or deferred classification, e. g., Defective Eyesight, Teeth and Disease, Feet, Underweight, Overweight, Hernia, Hemorrhoids, Varicocele, Varicose Veins, Bladder, Kidney and Urinary Disorders, Ear Trouble, Heart Affections, High Blood Pressure, Lung Trouble, Rheumatism, Venereal Disease, Alcohol, Nervous and Mental Disease, and Miscellaneous Conditions. The information is presented in simple form and has been approved by the highest medical authorities. At the end is a striking quotation from President Wilson, "It is not an Army we must shape and train for war; it is a Nation." This is followed by the following personal appeals:

"Do not go through life with handicaps that may be easily removed. Do not shorten your life, reduce your earning capacity and capacity for enjoying life, by neglecting your bodily condition."

"While other men are cheerfully facing death for the cause of democracy, do not shrink from facing a little trouble and expense to make yourself strong, health and fit."

Over a million copies of the leaflet have been sent out to the draft boards. Requests for specimen copies should be addressed to the U. S. Public Health Service, Washington, D. C.

## COUNCIL OF NATIONAL DEFENSE—MEDICAL SECTION, WASHINGTON

The Council of National Defense authorizes the following:

Interest among the members of the medical profession as to how their services are to be used in the Volunteer Medical Service Corps, once they have been enrolled and have put on the badge which indicates their willingness to serve and readiness to respond to a request from the Surgeons General of the Army, Navy or Public Health Service, or from the Provost-Marshal General or from the General Medical Board of the Council of National Defense, has led to the announcement by the Central Governing Board of the basic system of classification for the organization. The lines on which the classification is made were determined by the Committee on Classification of the Central Governing Board, and whose report was adopted. This Classification Committee has on it representatives of the Army, Navy, Public Health Service, Council of National Defense, American Red Cross, Hospitals, Colleges, Civilian Doctors, War Industries.

A summary of these classes follows:

Class I. These will be the physicians first recommended by the Central Governing Board to apply for commissions in the Medical Reserve Corps of the Army, Reserve Force of the Navy, or for appointment in the Public Health Service. They include physicians under 55 years of age, who are without an obvious physical disability which is disqualifying, and who have not more than one dependent in addition to self; or who have an income or whose dependents have an income sufficient for the support of dependents other than that derived from the practice of their profession.

There are several exceptions provided for because of evident essential needs. Whether a physician's services are essential to his community will be established by the Board appointed by it to make a survey of local conditions. Whether a physician is essential to an institution with which he may be connected will be established after conference between representatives of the Central Governing Board and representatives appointed by governing bodies of the institutions concerned. Similarly, the question of whether a doctor is essential to a health department will be established by conference between the Central Governing Board and the head of that health department. The question whether a teacher in a medical school is essential to that position will be established by the Central Governing Board and representatives of the institution. Con-

ference between the Board and accredited representatives of industries concerned will determine whether doctors employed as industrial physicians are essential in those positions. A physician essential on his local or medical advisory board will not be disturbed.

**Class II.** In Class II are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, and who have not more than three dependents in addition to self. These will be recommended by the Central Governing Board, when the need exists, to apply for commissions.

Exceptions in Class II are the same as in Class I.

**Class III.** These are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, but who have more than three dependents in addition to self; and they are the physicians included among the exceptions from Classes I and II, namely those essential to communities, institutions, health departments, medical schools or industries. They will be recommended by the Central Governing Board to apply for commissions when the emergency is so great as to demand their services.

**Class IV.** In Class IV are the physicians who are ineligible for commissions in the Medical Reserve Corps of the Army, or Reserve Force of the Navy, but who are available for all other services. The physicians in this class include those over 55, those having an obvious physical disability which is disqualifying, and those rejected for all government services because of physical disability.

Physicians not professionally eligible for the Medical Reserve Corps of the Army or for the Reserve Force of the Navy, or for appointment in the Public Health Service, will be recorded but not admitted to the Volunteer Medical Service Corps.

Applications for enrollment in the Volunteer Medical Service Corps continue to come in from physicians from all over the country and by every mail to the headquarters at the Council of National Defense Building. These are being classified as rapidly as possible. Representative physicians from various parts of the country are assisting in the work incident to the classification.

State Executive Committees, enlarged to handle the work of the Volunteer Medical Service Corps, are perfecting the organizations in their states, and county representatives have been appointed in practically every county in the country.



Group meetings are being held in many of the states, at which the State Executive Committees and county representatives are being addressed by members of the Central Governing Board of the Volunteer Medical Service Corps.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Lt. J. R. Buckingham, M. C., may be addressed at 2026 C Street, San Diego.

Dr. W. F. Holman, Los Angeles, has been granted the commission of Captain and is stationed at Camp Kearney, San Diego.

Lt. E. R. Harvey, M. C., Long Beach, Cal., has been transferred from Fort Riley to Camp Logan, Texas.

Dr. U. C. Coe has changed his address from Bend, Ore., to Stevens Building, Portland, Ore.

Dr. W. E. Smith, Whittier, has been commissioned Captain and ordered to Camp Kearny, San Diego. Dr. Q. A. R. Holton, who retired several years ago, is taking care of Dr. Smith's practice during the period of the war.

Lt. T. C. Schneerer, Los Angeles, has been transferred from Camp Lewis, Washington, to Camp Dodge, Iowa.

Lt. S. M. Atkins, a former student of the C. E. M. C., has changed from Camp Cody to Leon Springs, Texas.

Dr. J. P. Dougall, Los Angeles, has been offered the com-

mission of Captain, and if he accepts will be ordered to Fort Riley, Kansas.

Dr. G. W. Groth, Sierra Madre, has left the Westlake Hospital, and is now convalescent after undergoing a severe operation.

Dr. L. S. Welbourn, who has been stationed in Washington, D. C., has come to California to recuperate from a severe illness.

Dr. H. C. Smith, Glendale, was ill last month with influenza which took the bronchial type of the disease.

"Apropos of Dr. Brown's excellent article on skin disease in which he refers to the difficulties in treating infantile eczema, I wish to call the attention of the profession to the use of Rhus Tox. and graphites in that disease. I have for many years treated it with these remedies with better results than any other I ever used. Sp. Thus Tox. 2x dil. saturate sugar tablets with this dilution so that one tablet will represent one drop, give one three times a day, or it may be given in water eliminating the tablet. Graphites 2x trituration is the best local application for moist scabby eczema I have ever used. After surface is cleaned dust the powder, repeat at least once a day."—Dr. Q. A. R. Holton.

Married: Dr. M. Blanche Bolton, formerly of San Pedro, and Mr. George Wilson were married in San Francisco on October 24th. They will be at home after September 5th at 820 Franklin Street, San Francisco. The Journal extends best wishes.

# The California Eclectic Medical Journal

Vol. XXXIX

DECEMBER, 1918

No. 12

## Original Contributions

### A CASE IN PRACTICE

#### GASTRIC ULCER, PROLAPSED AND DILATED COLON, WITH RELAXATION OF THE MUCOSA OF THE RECTUM

Ella Mansfield Caryl, D. O., M. D.

Read before the California Eclectic Medical Society.

The best the writer can do with this subject is to give a case history of a patient suffering from the above conditions.

Family History:—Mrs. X., aged thirty-four, was born of a mother who for years had been a neurasthenic. Later in life she developed rheumatoid-arthritis, neuritis and rheumatism. She had been confined to a wheeled chair for several years. The daughter, Mrs. X., had the care of this invalid mother and earned a livelihood by clerical work. She married at the age of twenty-eight and gave birth to one child. The effect of this left her in such a neurotic condition that every little excitement or overwork would cause a severe case of indigestion.

Her system became so overcharged with acid that if she took a drink of cold water or the least bit of acid in the form of fruit of any kind, she would develop gas to such an extent that the pain was excruciating, reflexing to the eyeballs, so that she would have to press on her eyeballs with her fingers to apparently keep them from protruding from their sockets. The same thing would occur upon taking an enema, as all the water would be held in the bowel until it was absorbed on account of the relaxed condition of the mucosa of the rectum, which would fall together, thus preventing the expulsion of the water or feces.

Upon examination, the findings were: gastric ulcer, pro-

lapsed transverse colon, with dilated sigmoid, which seemed to be the seat of the greater part of the trouble. This formed a pouch for the accumulation of undigested food and gas, and it was only upon the most persistent manual effort that the contents could be dislodged. The relaxed condition of the mucosa and slight hemorrhoids in the rectum seemed to be the cause of sciatica in the left leg.

**Etiology:**—The cause of the above described conditions, to my mind, may be attributed to inherited tendencies, to instability of the nervous system, to an over-active brain and body, which in due time results in affecting the cerebral-spinal and sympathetic nervous systems, causing hyperchlorhydria, gastric ulcer, and acid condition of the intestinal juices, as well as relaxation of the abdominal muscles and ligaments.

**Symptoms:**—Pain in the stomach after eating and upon pressure; gaseous eructations, borborygmus and pain after eating or when physically or mentally tired, regardless of food, the pain reflexing to the eyeballs and also demonstrated in the form of sciatica. She also suffered with obstinate constipation.

**Treatment:**—Three osteopathic and massage treatments a week for five months, after which one hour was spent on a couch in the open air and sunshine; standing on the shoulders in bed, with legs up against the wall for a few minutes on retiring, then lying down without standing on the feet again, to overcome the force of gravity, thus throwing the stomach and intestines back into somewhat normal position for the night; injecting into the rectum six drams of equal parts double distilled witch-hazel and water and a pinch of sodium chloride and left to remain until absorbed, to act as an astringent upon the relaxed mucosa of the rectum. This was alternated with four drams of olive oil used in the same way, flaxseed enemas alternated with cool water enema, with a tablespoonful of sodium chloride to the quart. The stomach was lavaged every morning with a cup of hot salt and water.

**Diet:**—To begin with, for about ten days the diet consisted of the white of an egg and one tablespoonful of lime water three times a day, hot water, flaxseed tea, and slippery-elm bark tea. Later on milk and lime water were added to the diet, with spinach, carrots and biscuits made of Roman meal, baked brown and cut open and toasted until very hard. Shredded wheat biscuits were also used. Poached and soft-boiled eggs, beef tea and a tablespoonful of olive oil four times a day. A little sage and honey was added to sweeten the affair.



Medicine:—Lloyd's specific hydrastis, 2 drops, and xanthoxylum 10 drops, three times a day.

Mental:—Above all, we somewhat succeeded in getting the patient to cease worrying about her invalid mother and other matters of minor importance. Thus we see the power of mind; by dwelling on the negative side of life, it will sooner or later bring the body into diseased and painful condition. It is the business of the physician to not only uphold the patient spiritually and mentally, but to be able to prescribe the most effective regime of living to bring the body back into its natural state and enable the patient to realize that God is in the mineral, vegetable and animal kingdom, as well as in the spiritual, and that it is through the intelligent use of what the Creator has provided for us, that we become healthy, happy and useful citizens and need not wait for the dissolution of this material body to do our bit.

Our patient has gained flesh, her bowels are regular, the sciatica and nervous trouble have practically disappeared, the gastric ulcer has ceased to be, and the sigmoid is acting quite naturally. She has again taken up the duties of her home, and she says she will call a doctor when she needs one; so the doctor has lost her job or position—just as you like.

## INFLUENZA—ITS TREATMENT

Dr. A. S. Tuchler, San Francisco, Cal.

The recent epidemic which we have passed through, has established two things, viz.: the result of the pernicious use of coal-tar derivatives, and the consequent wholesale deaths from their use, and per contra, the successful results obtained by those physicians who are conversant with, and who make use of, the American plant remedies.

The former will certainly reduce the temperature, but will leave the patient with a weak heart, as the following case will show. The writer was called upon in an emergency and in the absence of the attending physician, who could not be reached. The lady's finger-tips were blue as well as her lips, and she expired shortly. A lady friend had observed that her finger-tips were blue three days before she died. The lady had been sick from influenza for about two weeks, and was dismissed as well, by her doctor, the day before. He told her that she could get up the next day, with the result as above stated.

The writer has made use of the same remedies that were used at the time of the influenza epidemic some twenty years

ago. In three weeks, while this epidemic was at its height, we treated on an average of thirty patients daily, at their homes, with temperatures ranging up to 105° F., without having to sign a death certificate.

The following remedies were found to be mostly indicated:—Eupatorium, Bryonia, and Gelsemium, with Aconite and Veratrum, as indicated by the pulse and temperature. The use of the combined influenza vaccine aided materially in obtaining the above result.

In most cases the usual prescriptions were needed, as follows:

No. 1. R. Specific medicine aconite, 5 drops; specific medicine gelsemium, 20 drops; water 4 ounces.

No. 2. R. Specific medicine, bryonia, 10 drops; specific medicine, Eupatorium 3 ss; water 4 ounces.

These two to be given alternately each half hour in teaspoonful doses.

The indications for the coated tongue were met with sodium sulphite or the double sulphites (Burgess), or hydrochloric acid, if an acid was indicated. For the cough, the stillingia liniment tablets (Abbott), or the following:

R. Ammonia chloride, 3 ss; specific medicine sanguinaria, 10 drops; specific medicine lobelia, 30 drops; syrup wild cherry, 4 ounces.

When convalescence is established and to overcome the lack of appetite and weakness, the following is prescribed:

R. Specific medicine nux vomica, 5 drops; specific medicine hydrastis, 30 drops; elixir lactopeptin, 4 ounces. One teaspoonful every three hours.

Also the granules of strychnine arsinat (Abbott), 4/128 grain, after meals, three times daily.

With the above outline of treatment, the writer has had 100% of cures and a corresponding number of grateful patients.

## TEN YEARS OF THE FOOD AND DRUGS ACT

Ten years of enforcement of the Food and Drugs Act of June 30, 1906, are reviewed in the current annual report of the Bureau of Chemistry, United States Department of Agriculture, which says that the Act's chief contributions to the safety of the people's health have been its corrective effect upon the drug and patent medicine industry, its control of trade in unclean milk, polluted, decomposed or filthy foods, and protection of foodstuffs from contamination with poisons likely to be met in manufacture.

The general effect of the Food and Drugs Act may best be estimated, says the report, by considering its effect upon food and drug control by the States; upon development of the food and drug industries and by the principal ocuses that have been corrected. But to illustrate the scope of the work through figures and facts the report points out that more than 6000 prosecutions have been terminated in the courts in the first decade of the Act; that manufacturers have been cited at hearings more than 40,000 times, that many thousands of factory inspections have been made, and that more than 750,000 shipments of domestic or imported food and drugs have been examined.

Special attention has been given to shipments of polluted or spoiled food. Milk shipped in interstate commerce and imported from Canada has been improved in cleanliness, purity, and the condition of sanitation under which produced. The canning of decomposed navy beans has been largely suppressed. Interstate shipment of oysters from polluted waters has practically ceased. Because of cooperation with State and municipal officials in controlling the shipment of bad eggs, it is reported that the quality of the eggs reaching the large cities is much improved. Other products in whose handling and sale improvement has been noted include mineral water, tomato products, fruit, vinegar and gelatin.

#### **States Cooperate with Federal Laws**

One consequence of the enactment of the Food and Drugs Act was to encourage similar legislation in many of the States, the purpose of which is to control local traffic in food and drugs, which, since no interstate commerce is involved, are not subject to the Federal law. For example, in 1906, many States had no feeding stuffs laws. A State could not prosecute a manufacturer unless he were a citizen of that state. The Federal law supplements the State law in this respect, and now most of the States have similar laws.

In the beginning the confusion and apparent conflict between local and Federal laws and administration of law not only made it difficult for the two sets of officials to cooperate, but often made it necessary for manufacturers to make special preparations for shipment to certain States at extra cost, the extra cost being passed on to the ultimate consumer. This evil has been remedied to a considerable extent by the organization of two agencies which in a large measure have removed some of the difficulties arising from the conflict of Federal and State jurisdiction. These agencies are (1) The

Joint Committee on Definitions and Standards and (2) The Office of Cooperative State and Federal Food and Drug Control.

### Development in Food and Drug Industries

The Food and Drugs Act was one of the first laws which today would be classed as laws for the prevention of unfair competition. The report says that the suppression of fraud upon the consumer and of unfair competition among business rivals are "but the two faces of the same coin." In consequence the food industries are sincerely and actively helping the Bureau of Chemistry to enforce the law.

Frequently, the report says, the Bureau is appealed to by the industries to compel the cessation of unfair practices and to encourage the standardization of the products, when the industry is incapable by itself of bringing about these results. The Act is described as one of the influences which have helped to draw competitors together into association like the guilds of the Middle Ages, although the modern associations lack the special privileges which the ancient guilds often enjoyed.

Some of the associations, understanding the value of constructive work, now devote considerable money to experimental research into technical problems. Thus is made available to the small manufacturer scientific assistance ordinarily beyond his reach. Since the Bureau of Chemistry always has regarded it as its duty not merely to report violations of the law, but also to prevent accidental violations, through constructive work in tending to improve methods of manufacture, it cooperates actively with such associations of manufacturers. Such cooperation, by the various government agencies, says the report, is bound to exert the profoundest influence on the country's industrial and social development.

### Abuses Corrected by Law

The best evidence, according to the report, that many of the abuses formerly occurring in the food industry have ceased is found in the fact that the violations of the Food and Drugs Act observed today are hardly comparable, in degree, with those in the first few years following the enactment of the law.

Most of the staple-food products now found in violation either are of a higher grade than formerly or are products of clever adulterators who have more or less anticipated detection so that the adulterations have been found only by the most painstaking chemical analyses and factory inspection.

Consequently there has been a decided change in the direction of the work. In recent years it has developed quite no-



ticeably in the direction of factory sanitation; of the study of spoilage and decomposition of foodstuffs and of improvement through laboratory research of methods of detecting the more refined types of adulteration.

## SPEECH-READING FOR THE WAR DEAF

Clarence John Blake, M. D.

The study of the means to be employed in dealing with the cases of war deafness, which constitute a part of the disability incident to the struggle which this country has entered, must necessarily include the provision of a substitute, or supplementary, means of communication between individuals other than that through the medium of hearing.

This, whatever the degree or the character of the impairment of hearing, whether it be a total loss of sound perception or a distortion of the auditory impression of the spoken word or sentence is of importance, because it supplies a medium of communication in proportion to the individual need of the patient on the one hand and aids in establishing that sense of helpful relationship which must be one of the welcomes extended to those who have waged their all in the defense of those principles for which this nation stands and by the preservation of which it continues to exist.

From the point of view of the surgeon, cases of war deafness fall into three general categories: Those in which there has been a previous disease of the ear; those in which the injury to the sound-transmitting apparatus of the ear originated in participation in war; and those in which, without objective structural injury, there has been the establishment of slowly progressive deleterious changes in the deeper-seated portions of the organ of hearing incident to protracted exposure to loud noise. In addition to these, there are the cases of apparently complete loss of hearing, often accompanied by loss of speech and other functional symptoms which are the result of a profound impressional shock to the nervous system, without auditory implication, for which no aural treatment is required, cases coming directly within the domain of neurology, but offering opportunity for helpful service on the part of the teacher of speech-reading under the direction of the neurologist.

From the point of view of the teacher, the differentiation should be not only that called forth by the degree of impairment of hearing, but by the individual adaptability of the pupil and the degree in which he will need to apply his acquired

facility in the new means of appreciation of the spoken word when he faces the ordeal of trying to again take his place in the wage-earning competition of civil life. In this respect the teacher who can best visualize the influence exerted upon a well stabilized life of peaceful continuity by the interposition of a period of intense excitement and activity and the intersection of visual and auditory impressions of a most subversive character, will be the one to whom the medium of instruction in speech-reading will become the path leading to a broad field of usefulness, not only in helping the returned soldier or sailor, handicapped by an impairment of hearing, to again take his place in community life, but by making the teaching a medium of expression of appreciation of the service rendered.

The learning of speech-reading by the returned soldiers and sailors who need such instruction will be more or less important to all, and absolutely necessary to some, as a part of the effort at rehabilitation, and this work should be undertaken by the teacher chosen for that purpose, under authority, and by all others to whom the chance may later fall, in the true spirit of teaching as a contributive opportunity.

The application of speech-reading to the war deaf who will return to this country for repair, rehabilitation, and re-education can be made to cover a wide, a varied, and a helpful range, according to the degree of impairment, monaural or binaural, the possibility of surgical repair with a view to the betterment of intra-aural sound transmission, the consideration of the concomitant impairment of sound perception and the degree to which the new channel of speech transmission may be available toward putting the very deaf, of war causation, again on the community level on which he previously stood and moved.

The combination of speech-reading with auditory re-education of the war deaf is another form of application of the new class of training—new in the sense of the exigency which has called it forth—and which presents problems urgent for solution to both the surgeon and the teacher beyond those presented by the casualties of civil life. Re-education of hearing has become an important part of the treatment in many forms of chronic and persistent ear disease, and its association with speech-reading, under conditions which shall convey the sound of the speech to the ear, either aurally or by bone conduction and leave the lips of the teacher visible is one of its newer forms now being studied and elaborated. In cases of serious degrees of impairment of hearing the association of the visual and auditory impressions helps also in the formulation of the individual voice.

In cases of middle-ear injury, with the labyrinthine appar-

atus intact, the surgical repair process, including mobilization of the middle ear sound-transmitting apparatus, may be of slow progress or even, because of conditions of disruption, only moderately effective. In such cases the coincident training in speech-reading may be a means of interest and encouragement to the convalescent and, whatever may be the ultimate degree of rehabilitation of his hearing, an addition to his equipment in again taking his place in a working and competitive world.

In those cases beyond repair, those in which the impairment of hearing is absolute, because of the severity of the war injury, and those in which the implication of the labyrinth, in consequence of continued exposure to loud noise, constitutes a permanent defect, training in speech-reading is something more than a crutch—it is a new means of progression.

Many of the war deaf, as the result of long exposure to excessive gun fire and the incident noises of campaign, will be found to hear better, even adequately for ordinary purposes, in the presence of the noise of machinery in motion, of a railway train, or the clangor of a city street, or even under the influence of the mechanical vibration of that comparatively noiseless vehicle, an automobile; but such persons are often distressingly hard of hearing in a quiet place. In such cases, to meet the mutations incident to a change of environment, a knowledge of speech-reading is a constant stay and reassurance to the patient and should be taught with a due estimation of its value in this respect. In the cases of psychic deafness the stimulation of the imitative faculty in speech-reading may be one of the keys which shall help to release the imprisoned consciousness, and when the considerable impairment of hearing, or its total loss, is not the only malady, but is associated with other crippling results of injury, other than loss of sight, the facility with which compensation can be afforded for the former disability will serve as an encouragement to effort in other respects, while even in the case of the blinded deaf, speech-reading by touch may become a medium of communication, as has been demonstrated in pupils of some of our civil institutions.

The demand for this special teaching of speech-reading to meet a vicariously created need suggests its usefulness as a part of the future curriculum of those who are to be of that body of citizens especially devoting their lives to the protection of the peaceful and righteous activities of their fellows, and the ability to translate speech by sight, as well as by hearing, would be a valuable addition to the equipment of all guardians of the public weal and should be seriously considered as a part of the necessary training in selected branches of army and navy and of other public service.—Volta Bureau.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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**O. C. WELBOURN, A.M., M.D.**

Editor

**D. MACLEAN, M.D.**  
Associate Editor

**P. M. WELBOURN, A.B., M.D.**  
Assistant Editor

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## SPECIAL CONTRIBUTORS:

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HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D., St. Louis, Mo.

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## RECONSTRUCTION

When our soldier boys come marching home again there will be great rejoicings in this land called America. Kissing and handshaking and good things to eat will be in order, and properly so. Also there will be a lot of scream eagle orations—mostly by men who did not “go over there.” However in due time we shall settle down to the realities of life and take stock of the cost of helping to make the world safe for democracy. Not a few will be remembered because they are absent. Many more will be remembered because they are with us as cripples or invalids. To both classes we are under a righteous obligation to do all that lies within our power to make reparation for the sufferings which they have endured and the sacrifices which they have made. Many of the maimed can be reconstructed, and this must be done. Many of those suffering from chronic diseases can be restored to health, and this must be done. To be sure, many other things must be done to aid and comfort the returning soldier, but the ones above mentioned are strictly within our sphere as medical men, and it



behooves each of us to be ready. Doubtless much of this work will be done under government supervision in government hospitals, but we believe that the greater portion will be done by the family physician in the family home. We suggest, therefore, to the reader that he think the matter over and make whatever preparations his conclusions dictate.

### SHALL WE DISCONTINUE THE STUDY OF THE MATERIA MEDICA AND THERAPEUTICS?

Spending the winter months leisurely, trying to recover health, gives one much time for thought. If I were of proper age and vitality, the greatest pleasure of my life would be to be in the service of my government, trying to do "my bit"—probably in the medical department, where past experience might count for something to qualify me for the great work of caring for the sick and wounded soldiers.

The great war has accelerated in an extraordinary way many kinds of scientific medical research. There has been an enormous expenditure of money as well as a vast amount of personal sacrifice in experimental work. In the private laboratories, and in such establishments as the Rockefeller Institute, the bacteriologists and the medical scientists have worked day and night in the development and manufacture of antitoxins, serums, and other biological products.

The United States war department as well as the war departments of all other countries engaged in the present conflict, depend on the use of these products as preventives, as well as the curative means of treatment of all infectious diseases. According to available reports the results obtained from the use of these biological remedies is wonderful.

Every recruit upon entering the service is treated with an injection of typho-bacterin as a vaccination against typhoid fever. This is repeated at intervals until immunity is obtained. The protection is said to be good for a period of about three years.

If a man has symptoms of typhoid he is injected with a large quantity of the killed typhoid bacteria as a curative treatment. It is said that the killed bacteria, when injected into the blood, assist in creating or producing anti-bodies which assist Nature in eradicating or destroying the disease. The treatment also brings about immunity.

By this method of treatment typhoid fever has been reduced practically to zero among the United States regulars. This disease that might carry off a very large part of our army is

now reduced to such a small number of cases that its effects are negative.

It is to be hoped that the United States army records will prove all this to be true. If so, it will revolutionize the practice of medicine. Every wounded soldier in the armies of France, England and the United States receives injections of tetanus antitoxin, no matter how slight his injuries, as the first aid treatment. It is estimated that more lives have been saved in this way, than have been lost by bullets, shells and gas.

Lobar pneumonia is one of the chief diseases of army life. Soldiers are especially subject to it on account of this exposure to cold, rain and slush, and for lack of sufficient protection by clothing and housing. The mortality rate is high. The United States army is using anti-pneumonia serum for the treatment of pneumonia and also using it extensively for immunization against the disease. It is claimed that through its use the mortality rate has been very greatly reduced.

Spinal meningitis has made a severe attack on our soldiers and has taken a heavy toll. In American cities, before the war, this disease showed a mortality rate of about 90%. Since then, with the use of the anti-meningococcic serum they have been able to reduce the mortality rate to about 30%.

A large percentage of the wounded soldiers have suffered from what has been called gas gangrene. This is probably similar to what has been known as emphysemia. This disease has generally been fatal. In this the causative organisms have been isolated. The germs of this disease have been used in producing an antitoxin for the prevention as well as the cure of the disease.

Diphtheria, scarlet fever, whooping cough, influenza, cerebro-spinal meningitis, common colds, hayfever, catarrh, erysipelas, pyorrhea, dysentery, rheumatism, puerperal fever, septicaemia, smallpox, tuberculosis, boils, and carbuncles, diseases of the colon, genito-urinary disease, acne, bubonic plague, Asiatic cholera, typhus fever, yellow fever, hydrophobia and snake venom, each having a special form of antitoxin, serum or inoculation treatment that is depended upon for prevention or cure. In some of these diseases excellent results are obtained, while in some the results are much in question.

Never before in the history of the world has there been such an opportunity to try out special lines of treatment. The conditions under which our boys are being assembled, and the various stages under which they are developed into fighting forces, the conditions at the front, are presenting all forms of severe manifestations of disease.

The number of men involved gives a very pretentious clinic on which to use the remedies. While some of the unproven remedies may be hard on the individual, still we are expecting much from this line of treatment.

The records made by the medical department of the United States Army will be eagerly sought, and it is hoped that we may gain much from them.—Prof. E. J. Farnum, M. D., Dade City, Fla.

### Comment

Replying to the query of the title of this paper, Professor Farnum's statements have to deal now with war conditions. True it is that the opportunity of proving the value of vaccines, serum therapy, the influence of antitoxins and their adaptability as prophylactics or as curative agents is the best the world has ever known.

While much good has come about through the use of these measures, many questions are yet unsolved, and doubt is enveloping many previously asserted or declared truths. Out of the mass of theory and by the efforts of conscientious workers, the real truth will yet come, and many of these measures will have a fixed place to mark the real scientific advancement.

While all this is being done for the masses, every thoughtful man will realize that in the family among the quiet home folks the responsibility of the plodding family doctor will meet, as long as man lives on earth, combinations of diseases, evidences of pathology and symptoms impossible to be borne, and usually leading toward a fatal ending, that do not come within the class of definite diseases induced by specific infections to be met with direct antagonists that simply destroy the toxine or the infective bacterium.

From the primary ravages of the infection structural changes from inflammation or other action take place and these are often so great—so extensive—that they cannot possibly be left to nature.

All these and myriads of other minor complaints, so-called, must be either suffered patiently or cured by the home doctor by the old-fashioned, but absolutely correct method of the accurate adjustment of single remedies to exact conditions of disease.

The greatest mistake the profession has ever made has been to disparage the action of internal remedies and to encourage the neglect of the study of the *Materia Medica* and *Clinical Therapeutics* to its fullest extent, in the colleges. Let the reader stop and think a moment of the enormous mortality of children following diphtheria and measles, whooping cough,

cerebro-spinal meningitis, and other of the more frequent infections, after the infection and its toxic products have been destroyed, because sequæla and other conditions have set in. If he can, let him estimate what proportion of his whole duties are involved in the treatment of these conditions and he will soon realize that the study of these and the single remedies that will restore the pathological conditions to health will measure up to as great an importance in the long run, as the determination of the development of the proper vaccine or antitoxine for the masses. Our field is in this study. The other field is vitally important, but the mass of observers are now engaged in it while we have the responsibility of as great, as important a field, right at home, and closer to the mothers and children of the land, than others. Let us "stand pat" and add our work to theirs ultimately, when the truth in both has been determined.—Ellingwood's Therapeutist.

## THE RECOGNITION AND TREATMENT OF FLAT-FOOT

John R. Brooke, M. D.

407 Flanders Building, Philadelphia, Pa.

Flat-foot, weak foot or foot strain as a cause of pain in the lower extremities, or even in the back, is often overlooked. The pain in the feet and legs is usually classed in that rather vague term rheumatism. It is true that foot strain does sometimes favor a mild or subacute arthritis and synovitis, but this is not generally the case.

The rather indifferent attitude taken by the average doctor toward these cases, and his none too careful way of prescribing for them is responsible for the thousand and one arch supporters and other devices so extensively advertised for the magic relief of flat-foot. If there is a distinct flat-foot, a condition that is not very painful, or a pronation of the foot, the deformity is recognized and directions given to go somewhere and get a pair of arch supporters, without much thought as to the condition present, or what is needed to correct it. It is about as reasonable to expect good results from glasses furnished by the average jeweler or pedler in glasses for errors in refraction as it is to secure a satisfactory result in flat-foot by the selection of arch supports in the average shoe store or, where some purchase them, in ten-cent stores.

### Contributing Causes

The contributing causes of flat-foot are many. Systemic



conditions are often a predisposing factor; toxemias, infection, excessive weight or anything that brings the condition below par may cause muscle weakness and ligamentous relaxation. More cases occur in the spring when the general condition is more likely to be under the normal, and tissues are less resistant to strain. Nurses, clerks in stores, policemen and persons who stand many hours at a time are especially prone. The act of standing is primarily a passive one; as long as an absolute equilibrium is maintained the strain is placed mainly upon the ligaments and slightly upon the taut but inactive muscles. In walking and running, the conditions are reversed; the work is done largely by the muscles, supported to a certain extent by the ligaments; the body weight is sustained through two pillars, the small under surface of the os calcis and the distal end of the metatarsals and the phalanges, these supported by the longitudinal arch of the foot.

The normal plane of weight-bearing should fall from the hip through the center of the patella, the tibia at its lower end, and extend forward through the second toe. If through muscular weakness, relaxed ligaments, knock-knees, faulty shoes or the pernicious habit of toeing out, the line of weight-bearing is thrown inside the normal plane, then undue strain is thrown on the ligaments and fascia on the inside of the foot. This strain is usually shown first as pain at the point of insertion of the planter fascia on the inner and under side of the os calcis.

### Proper Attitude

The military rule, as well as that taught by teachers of physical training, was that the proper attitude for standing was with the heels near together and the feet diverging at an angle of from 60 to 90°. This attitude of out-toeing is a very prolific cause of foot-strain and later real flat-foot. The force of the body weight is oblique to the foot and an inward cross strain is produced. The position of the leg in which the toes are outside of the line of progression shortens the stride and lessens the important element of thrust. Savages who have never worn shoes toe in and athletes apparently gain in propulsive power by so doing. When the legs are externally rotated the knees are subjected to a twisting force and joint strain and outward rotation of the femur favors a backward rotation of the pelvis on its transverse axis and a consequent decrease of the normal lordosis.

The out-toeing is an important factor in the production of the hallux valgus (bunion), because of the cross strain combined with narrow-toed shoes. Ill-fitting and badly-shaped

shoes, especially with high heels and tightly laced and constricting uppers and narrow toes, place the foot in a cramped position, prevent free muscular activity and produce weakness, atrophy and less of tonicity.

### **Flat-foot in Children**

Occasionally we find cases in children due to an attack of infantile paralysis that has gone unrecognized because of its mildness, and just this weakness of the abductors of the foot remains.

### **Early Symptoms**

The earliest symptoms of flat-foot is usually a sensation of weakness and discomfort, a tire or strain about the inner side of the foot and ankle, occasionally after long standing, a dull ache in the calf of the leg or pain at the knee or hip, or in the lumbar region. After a time the patient may become aware that he is accommodating his habits to his feet; he rides where he once walked; he sits when he once stood. He no longer runs up and down stairs or jumps off the street car. His feet have lost their spring. There is apt to be pain and sensitiveness at the center or inside of the heel; his shoes are uncomfortable because the weak foot under use is altered in shape so that the shoe that was comfortable in the morning compresses the foot painfully at night, increasing the discomfort from bunions and corns. Coldness, numbness and altered circulation may be present. Actual pain as a rule is felt only when the foot is in use. As the condition progresses the range of motion becomes more and more restricted, muscular spasm holding the feet rigid, then slight sprains from jars are apt to take place and we have some synovitis and perhaps a real arthritis develops. These patients find a foot, especially the heels, sensitive in the morning just on rising and are apt to limp about for a short time, being unable to support their weight.

Pain is sometimes present over the dorsum of the foot and the outside of the ankle where the external malleolus is pressing into the os calcis owing to the abduction of the foot. Cramps in the legs may be present at night and the pain in the foot may continue for hours after the patient retires.

### **Extreme Cases**

In the extreme flat-foot the gait is shambling; the feet are pushed by one another in an attitude of eversion, the knees slightly flexed and the weight is borne on the posterior part of the foot. All lightness of step and spring are gone.

One begins the examination of suspected weak foot by not-

ing the manner of walking and standing. The distribution of the weight and the way the foot is used will usually be shown on examination of the shoe. If it is bulged inward at the arch or worn away on the inner side of the sole, it shows foot weakness, and the line of weight-bearing is inside the normal plane and that the foot is working at a disadvantage.

The contour of the normal foot is such that the inner border is curved slightly outward. The feet placed close together, heels and toes in opposition, a slight interval remains between them. If the concavity is replaced by a convexity the foot is weak. Pain in the various locations mentioned is a symptom of overstrain and bears no definite relation to the degree of deformity, the individual with the high arch usually having the most pain. Where the foot is absolutely flat, it is not apt to be painful, although it does greatly alter the gait. The flat-foot in children is often due to defective assimilation and rachitic deformities.

The early acquired type is common at adolescence and is usually due to the muscular weakness and relaxation during the period of rapid growth. This condition needs careful attention at this period or the deformity may be permanent or at least very difficult to remedy after the bones have become fully developed in an abnormal position.

#### Low and Flattened Arches

A foot that has a low arch that does not flatten out under weight-bearing and in which there is no restriction of motion is a useful foot. A foot that shows flattening of the arch under weight-bearing with abduction of the fore-foot and restriction of motion is a useless foot for military service and below par for ordinary use in civil life.

#### Treatment

The principles of treatment which lead to a permanent cure of flat-foot are definite and rather simple, but the application varies according to the severity and duration of the deformity. The foot weak because of inefficient ligaments and muscles to hold it in proper position, must be supported until regenerative changes have taken place. First of all the selection of a proper shoe is necessary. This must be broad enough to contain sufficient space for the independent movements of the toes. It must be sufficiently long; it should be rather snug at the heel and grip slightly at the counter and instep and have a straight inner border. The shape of the sole should correspond to the shape of the foot and the heel should be broad.

In mild cases of weak foot, it is sufficient to raise the inner

border of the shoe to throw the weight a little to the outside. Those that toe-out should be instructed to hold their feet parallel in walking and by crossing their feet when sitting. In standing they should avoid the long continuance of one position.

Exercises are of much value in strengthening the weak muscles of the feet, the adductors and plantar flexors. Tip-toe exercises are particularly useful. The patient standing with heels six or eight inches apart, toes turned slightly in, the weight is raised on the toes, the legs being fully extended at the knees, then dropping down slowly, the weight is thrown on the outside of the foot. In the majority of cases, however, the foot will need some support in addition to the simple measures outlined.

### Braces

A foot brace to be efficient must hold the foot laterally as well as support the arch and must not prevent the normal motions of the foot and thus interfere with the increase of muscular power which is necessary for a cure. The supports ordinarily used do not meet these requirements. The pads and plates support the foot by direct pressure and restrict the motion of the foot. The brace that I wish to call your attention to is one that I have used for some time with the most satisfactory results. It is one designed by Dr. Royal Whitman, of New York; it furnishes the necessary support, it rolls the foot in and does not greatly interfere with the free muscular action. Its action is therefore curative, while the majority are only palliative and after wearing them for an indefinite length of time the condition is not improved and the muscles are weaker and atrophied. Any foot brace to fit well must be made over a plaster cast of the foot. Such a brace should not be applied to a rigid foot because it cannot adapt itself to the support.

To prepare the rigid and deformed flat-feet for the necessary support, it is usually necessary to stretch and correct the deformity under an anesthetic. This can readily be done and plaster of paris applied with the foot in an over-corrected position and held for about three weeks. Then after a little manipulation the plates are applied and the patient is able to go about. In cases where the rigidity is not so marked, strapping the foot in adduction with adhesive plaster gives good result. Support is usually necessary for from three months to a year, or longer, according to the condition present. In certain cases, especially those of traumatic flat-foot, the heel cord is contracted and it is necessary to lengthen the tendo-achilles.



In conclusion, let me say that flat-foot of most any type is amenable to treatment; that definite and positive results can be obtained if attention is paid to some of the details of treatment.—Medical Council.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. C. N. Miller has changed his address from 2152 High street to 2032 24th street, Oakland, California.

Dr. John P. Martin has moved from Reno, Nevada, to Stockton, California, P. O. box 198. He expects to be in Los Angeles soon.

Dr. E. L. Smythe, Bremerton, Washington, was granted a commission of First Lieutenant and ordered to Camp Kearney, Cal. The doctor has been very ill with influenza and pneumonia.

Dr. H. C. Smith, Glendale, was offered the commission of First Lieutenant and ordered to Fort Riley, Kansas, to which place he went early last month.

Miss Cora Mathis, who has been the efficient superintendent of the Westlake Hospital for the past three years, has joined the Red Cross and been assigned to the military service at Camp Kearney.

Lieut. S. M. Atkins, well known in Los Angeles, was in the city for a few days last month. He was on a sick leave convalescing from influenza and pneumonia. He is stationed at Camp Cody, New Mexico.

Dr. G. W. Groth, Sierra Madre, has returned to practice after his long severe illness.

Dr. L. S. Welbourn, formerly of Washington, D. C., has gone to Banning, California, to spend the winter.

Married: Dr. E. P. Bailey, Long Beach, and Mrs. Eleanor Mayer of Long Beach, were married in San Diego on October 16th. They will live in Long Beach. The Journal extends congratulations and best wishes.

Dr. W. S. Gibson, Los Angeles, has purchased a new Ford Sedan, in expectation of the winter rains.

Dr. U. C. Coe, formerly of Bend, Oregon, but more recently located in Portland, has been offered the commission of First Lieutenant and ordered to report to the Commanding General of the Western Department.

Died: Mr. Wm. Kafitz, Los Angeles, a retired business man, dropped dead on November 22d. He had been a valued member of the Board of Directors of the Westlake Hospital for a number of years.

Dr. H. T. Webster has changed his address to Townsend Apartments, Oak and Eleventh Streets, Oakland, Cal.

Died: Carey Val Billingsley, M. D., Santa Ana, California, graduate of the California Eclectic Medical College, 1914, died at his home November 3rd, from influenza. Dr. Billingsley left a wife, to whom the Journal extends sympathy.

### THE WITHDRAWAL OF WHISKEY

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**VOL. XXXIX**

**No. 1**

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ISSUED MONTHLY

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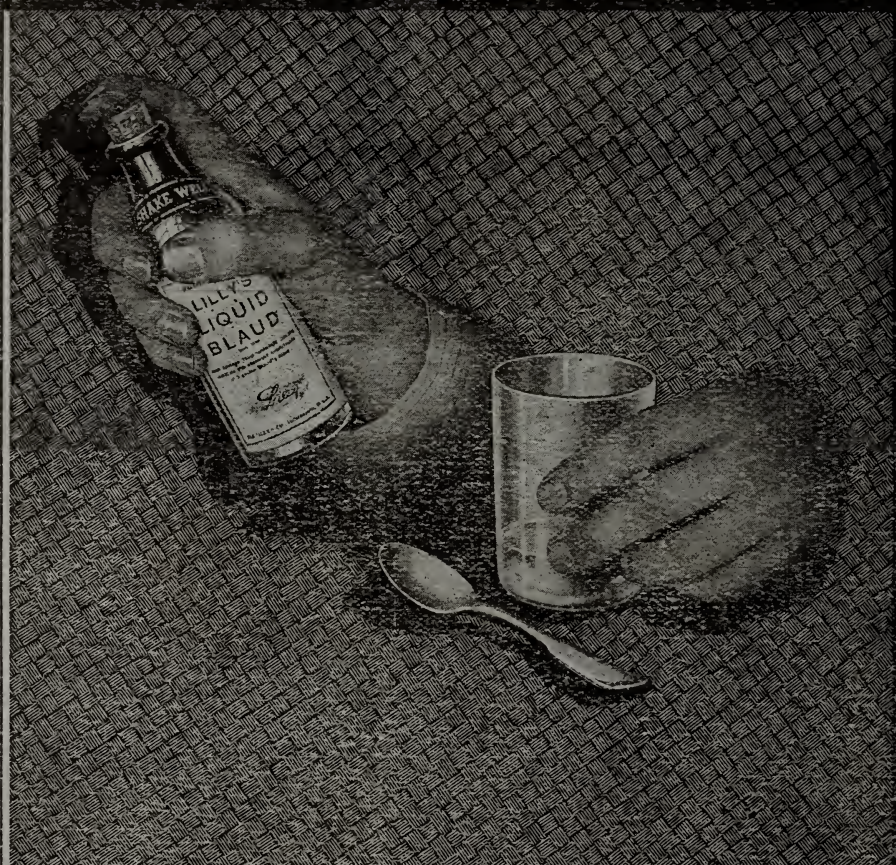
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VOL. XXXIX

No. 6

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JUNE, 1918

O. C. WELBOURN, A. M., M. D., Editor

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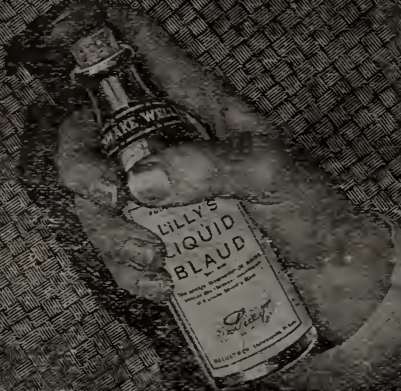
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**ISSUED MONTHLY**

**SEPTEMBER, 1918**

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**ISSUED MONTHLY**

**OCTOBER, 1918**

**O. C. WELBOURN, A. M., M. D., Editor**

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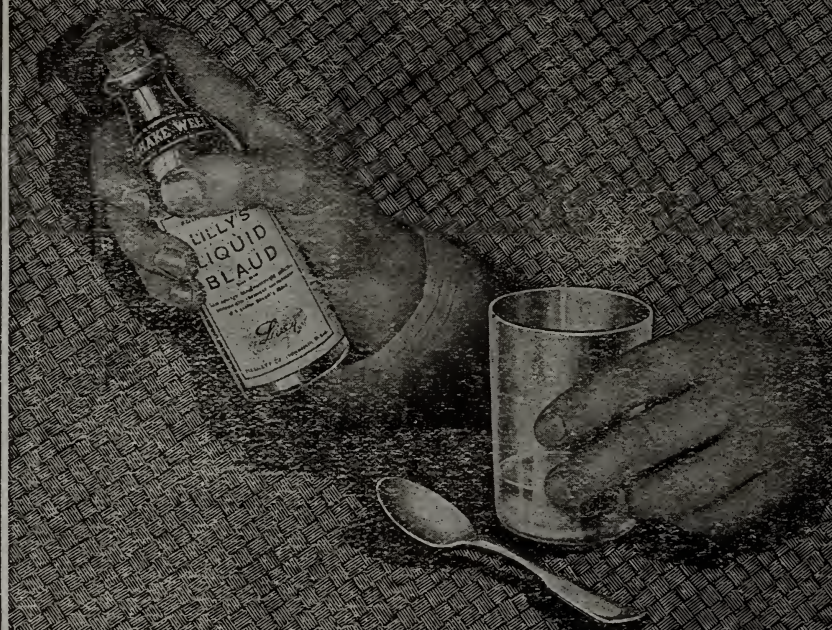
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ISSUED MONTHLY

NOVEMBER, 1918

O. C. WELBOURN, A. M., M. D., Editor

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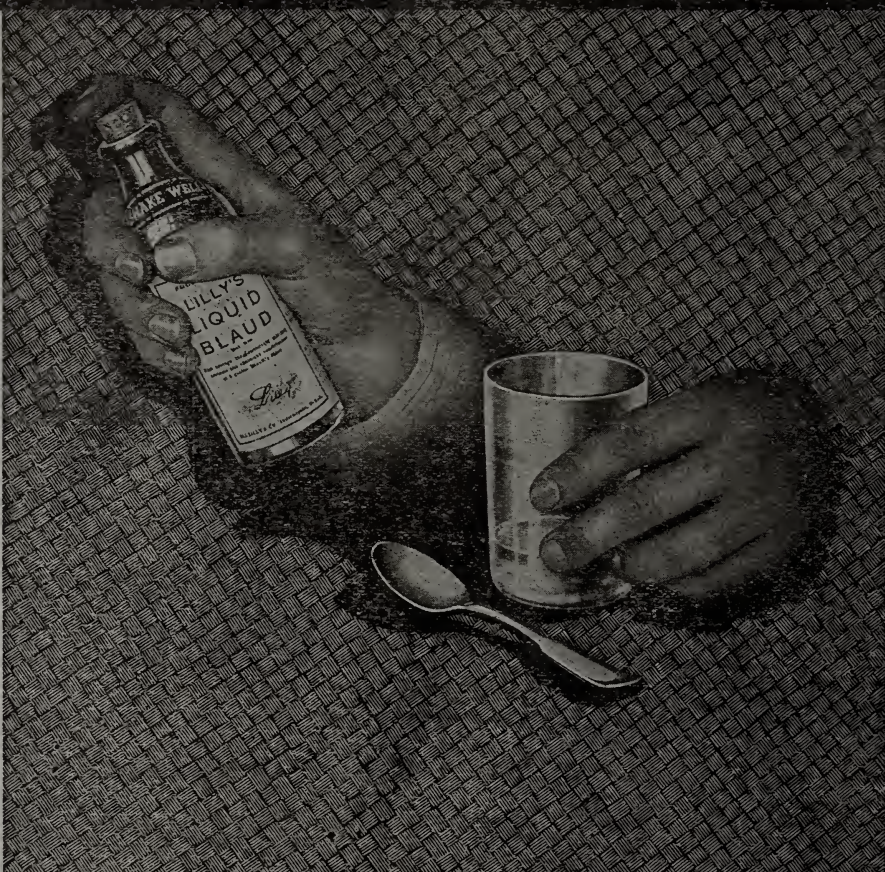
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THE exact nature of the virulent epidemic of influenza which has been raging several months in Europe, and is now rapidly spreading over the United States, has not been determined. Chief attention is focused on the streptococcus, but the pneumococcus, micrococcus catarrhalis and bacterium influenzae ("Pfeiffer's bacillus") have also been noted. Inasmuch as many of the cases present the symptoms of an acute catarrhal infection, *prophylactic immunization* with a mixed vaccine is a wise precaution, notwithstanding the absence of proof as to the completeness of the protection thus conferred.

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